

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 25 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001615

1. Entity Name
INTERNATIONAL MARKET DEVELOPMENT GROUP, LLC

Principal Place of Business

~~9111 SOUTHMONT COVE #406~~
~~FORT MYERS FL 33908-6298~~

Mailing Address

~~9111 SOUTHMONT COVE #406~~
~~FORT MYERS FL 33908-6298~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16481 Millstone Circle
Suite, Apt. #, etc.
Suite 201

3. Mailing Address

16481 Millstone Circle
Suite, Apt. #, etc.
Suite 201

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

65-0859727

Applied For

Not Applicable

Zip

Country

33908-6634 USA

Zip

Country

33908-6632 CLSA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~FOLK, CRAIG R~~
~~MILLER, HELMS, & FOLK PA~~
~~6326 WHISKY CREEK PARKWAY, SUITE A~~
~~FT MYERS FL 33919~~

7. Name and Address of New Registered Agent

Name JAMES P. ANTONIC

Street Address (P.O. Box Number is Not Acceptable)

9111 SOUTHMONT COVE #406

City FORT MYERS

FL

Zip Code 33908-6298

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ANTONIC, IRENE R
STREET ADDRESS 9111 SOUTHMONT COVE #406
CITY-ST-ZIP FORT MYERS FL 33908

TITLE MGR- OPERATING MANAGER
NAME ANTONIC, JAMES P
STREET ADDRESS 9111 SOUTHMONT COVE #406
CITY-ST-ZIP FORT MYERS FL 33908

TITLE MGR- VICE OPERATING Mgr
NAME ANTONIC, GLENN P
STREET ADDRESS 9111 SOUTHMONT COVE #406
CITY-ST-ZIP FORT MYERS FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OPERATING MANAGER
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE OPERATING MANAGER
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CFR 101.13 (9/99)