

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001615

1. Entity Name
INTERNATIONAL MARKET DEVELOPMENT GROUP, LLC

Principal Place of Business
16481 MILLSTONE CIRCLE, SUITE 201
FORT MYERS FL 33908-6632

Mailing Address
16481 MILLSTONE CIRCLE, SUITE 201
FORT MYERS FL 33908-6632



2. Principal Place of Business
COMMONWEALTH CENTER, 4TH FLOOR
Suite, Apt. #, etc.
12730 New BAITTANY BLVD

3. Mailing Address
COMMONWEALTH CENTER, 4TH FLOOR
Suite, Apt. #, etc.
12730 New BAITTANY BLVD

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS FL
Zip
33907
Country
Lee

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FORT MYERS FL
Zip
33907
Country
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4. FEI Number 65-0859727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTONIC, JAMES P
9111 SOUTHMONT COVE, SUITE 406
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

James P. Antonic

(NOTE: Registered Agent signature required when reinstating)

5/01/01

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 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400004324364-7
-05/25/01--01104--009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

James P. Antonic

5/01/01

941 590 9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0019760 AF