

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90380 011 ***150.00

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DOCUMENT # P01000046811

1. Entity Name
INTERNATIONAL MERCHANDISE NETWORK, INC.

Principal Place of Business
11231 N US HWY ONE #333
N PALM BCH FL 33481

Mailing Address
11231 N US HWY ONE #333
N PALM BCH FL 33481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
115 LAKESHORE DRIVE
 Suite, Apt. #, etc.
746

3. Mailing Address
115 LAKESHORE DRIVE
 Suite, Apt. #, etc.
746

City & State
NORTH PALM BEACH, FL
Zip
33408
Country
USA

City & State
NORTH PALM BEACH, FL
Zip
33408
Country
USA

4. FEI Number ☐ **Applied For**
☒ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLISS, THOMAS O
115 LAKESHORE DR
N PALM BCH FL 33408

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|----------------|-------------|---------------------------------|
| | DPST | | | |
| | BLISS, THOMAS | | | |
| | 115 LAKESHORE DR #746 | | | |
| | N PALM BCH FL 33408 | | | |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bliss, Thomas O
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-19-2 Daytime Phone #: 561 6263411

CR2E034 (9/01)