

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90017 012 ***150.00

DOCUMENT # P01000048318

1. Entity Name

DIGIMARKETS INC.

Principal Place of Business

**16215 SAGEBRUSH ROAD
 TAMPA FL 33618**

Mailing Address

**16215 SAGEBRUSH ROAD
 TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

2605 Herndon St.

2605 Herndon St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Valrico, FL

Valrico, FL

City & State

City & State

33594 USA

33594 USA

Zip

Country

Zip

Country

4. FEI Number

Applied For

59-3721190

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

STODDARD, BILLIE JO

**16215 SAGEBRUSH ROAD
 TAMPA FL 33618**

Name

George R. Boraiko

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

2605 Herndon St

City

Valrico

FL

Zip Code

33594

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

George R. Boraiko - Registered Agent

4/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
 NAME **STODDARD, BILLIE JO**
 STREET ADDRESS **16215 SAGEBRUSH ROAD**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☒ Change ☒ Addition
 NAME **Billie Jo Stoddard**
 STREET ADDRESS **19735 Quarry Rd Apt. B**
 CITY-ST-ZIP **Wellington, OH 44090**

TITLE **D** ☐ Delete
 NAME **SAZANDRISHVILI, GEORGE**
 STREET ADDRESS **7 KACHARAVA STREET**
 CITY-ST-ZIP **TBLISI, 380053 GEORGIA**

TITLE **D** ☐ Change ☒ Addition
 NAME **George Boraiko**
 STREET ADDRESS **2605 Herndon St**
 CITY-ST-ZIP **Valrico, FL 33594**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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:

Billie Jo Stoddard

Billie Jo Stoddard

4-26-02 (813) 655-0191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)