

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

RECEIVED AT

DOCUMENT # P40965

1. Entity Name
INTERNATIONAL MONEY MANAGEMENT GROUP, INC.

02-18-2002 90165 027 ***150.00

Principal Place of Business
133 DEFENSE HWY
SUITE 104
ANNAPOLIS MD 21401
US

Mailing Address
133 DEFENSE HWY
SUITE 104
ANNAPOLIS MD 21401
US

B0027624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **52-1259351**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SHAFFER, DALE
8825 NE 2ND AVE
MIAMI SHORES FL 33138

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 _____
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BRITTINGHAM, ERNEST O. 133 DEFENSE HWY, SUITE 104 ANNAPOLIS MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HUMPHRIES, WAYNE T. 133 DEFENSE HWY, SUITE 104 ANNAPOLIS MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HUMPHRIES, WAYNE T. 133 DEFENSE HWY, SUITE 104 ANNAPOLIS MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRITTINGHAM, ERNEST O. 133 DEFENSE HWY, SUITE 104 ANNAPOLIS MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Ernest O. Brittingham 2/1/02 410-266-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)