

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90061 039 ***150.00

DOCUMENT # P93000083654

1. Entity Name

INTERNATIONAL COMMUNITY MARKETING, INC.

Principal Place of Business

**120 UNIVERSITY PARK DRIVE
 SUITE 150
 WINTER PARK FL 32792**

Mailing Address

**120 UNIVERSITY PARK DRIVE
 SUITE 150
 WINTER PARK FL 32792**

2. Principal Place of Business

4037 METRIC DRIVE

3. Mailing Address

4037 METRIC DRIVE

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

Winter Park FL

City & State

Winter Park FL

Zip

Country

32792

USA

Zip

Country

32792

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3214002**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VECCIA, DENNIS P
 120 UNIVERSITY PARK DRIVE
 SUITE 150
 WINTER PARK FL 32792**

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, type or print 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. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	CHARANI, AMMAR	
STREET ADDRESS	120 UNIVERSITY PARK DR., STE 150	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	T	<input type="checkbox"/> Delete
NAME	VECCIA, DENNIS P	
STREET ADDRESS	120 UNIVERSITY PARK DR., STE 150	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4037 Metric Drive, STE 120
CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4037 Metric Drive, STE 120
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 407-384-4222 x2606

CR2E034 (10/00)