

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90220 038 ***150.00

DOCUMENT # P94000006634

1. Entity Name
INTERNATIONAL MARKETING AND FINANCE CORPORATION



Principal Place of Business
3304 LATANIA DRIVE
TAMPA FL 33618-4418

Mailing Address
3304 LATANIA DRIVE
TAMPA FL 33618-4418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3222690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORS, TERRY L
3304 LATANIA DRIVE
TAMPA FL 33618-4418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

011903

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTC** ☐ Delete
NAME **KORS, TERRY L**
STREET ADDRESS **3304 LATANIA DRIVE**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **DVS** ☐ Delete
NAME **THIEMANN, HENRY R**
STREET ADDRESS **1377 TREETOP DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☒ Change ☐ Addition
NAME **DVSM THIEMANN, HENRY R**
STREET ADDRESS **705 MEADOWVIEW DRIVE**
CITY-ST-ZIP **FINDLAY OHIO 45840**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

011903

813932 3082

Date

Daytime Phone #

CR2E034 (10/02)