

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031244

1. Entity Name
FIRST RESOURCE MARKETING, INC.

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

05-11-2001 90026 014 ***158.75

Principal Place of Business Mailing Address
10555 SE TERRAPIN PL #105F 10555 SE TERRAPIN PL #105F
TEQUESTA FL 33469 TEQUESTA FL 33469
US US

2. Principal Place of Business 3. Mailing Address
1000 N. U.S. Hwy 1 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JUPITER, FL

Zip Country Zip Country
33477 U.S.A.

4. FEI Number 65-0658186 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
HACKETT, JAMES W Name
10555 SE TERRAPIN PL #105F Street Address (P.O. Box Number is Not Acceptable)
TEQUESTA FL 33469 1000 N. U.S. Highway 1
BERMUDA 204
JUPITER FL 33477

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 *James W. Hackett* JAMES W. HACKETT 4-30-01
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. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
(See criteria on back) 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HACKETT, JAMES W		NAME		
STREET ADDRESS	10555 SE TERRAPIN PL #105F		STREET ADDRESS	1000 N. U.S. Highway 1 - BERMUDA 204	
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *James W. Hackett* JAMES W. HACKETT 4-30-01 561-748-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)