

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036060

1. Entity Name  
INTERNATIONAL RESOURCE MARKETING, INC.

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90025 030 \*\*\*150.00

Principal Place of Business  
5050 NINTH ST. NORTH  
SUITE B  
NAPLES FL 33940

Mailing Address  
5050 NINTH ST. NORTH  
SUITE B  
NAPLES FL 33940

80010271



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0695108

Applied For  
Not Applicable

Zip  
34103

Country

Zip  
34103

Country

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

HENSLEY, KAREY C  
5117 CASTELLO DR  
STE. 1  
NAPLES FL 34103

Name Anna L. Brown, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1100 Fifth Avenue South  
Suite 201  
City Naples, FL Zip Code 34102

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 Anna L. Brown Anna L. Brown 1-7-02  
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  
NAME WALKER, GARY  
STREET ADDRESS 5050 NINTH ST. NORTH, STE. B  
CITY-ST-ZIP NAPLES FL 33940 34103 ☐ Delete

TITLE President  
NAME Gary S. Walker  
STREET ADDRESS 5050 Ninth St. North, Ste. B  
CITY-ST-ZIP Naples FL 34103 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: Gary S. Walker Gary S. Walker 1-7-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)