

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
 03-22-2002 90026 020 ***150.00

DOCUMENT # P96000077286

1. Entity Name
IRM INTERNATIONAL RESORTS MARKETING, INC.

Principal Place of Business

**102 PARK PLACE BLVD.
 BLDG. D. SUITE 2
 KISSIMMEE FL 34741**

Mailing Address

**102 PARK PLACE BLVD.
 BLDG. D. SUITE 2
 KISSIMMEE FL 34741**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4901 Vineland Rd

3. Mailing Address

4901 Vineland Rd

Suite, Apt. #, etc.

Ste 270

Suite, Apt. #, etc.

Ste 270

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3404148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

32811

Country

USA

Zip

32811

Country

USA

6. Name and Address of Current Registered Agent

**POHL & SHORT, P.A.
 280 W. CANTON AVENUE
 SUITE 410
 WINTER PARK FL 32789**

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 **D** ☐ Delete
 NAME **SENIOR, MAGALY**
 STREET ADDRESS **5926 BLAKEFORD DRIVE**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☒ Delete
 NAME **FELCE, WILLIAM**
 STREET ADDRESS **2809 RUNYON CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

Date

Daytime Phone #

CR2E034 (9/01)