

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045217

1. Entity Name

INTERNATIONAL MARKETING AND INVESTMENTS, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90063 036 ***150.00

Principal Place of Business

Mailing Address

7887 BRYAN DAIRY ROAD
STE 150
LARGO FL 33777
US

PO BOX 7516
SEMINOLE FL 33775
US

2. Principal Place of Business

406 ARCTURAS AVE. SOUTH

3. Mailing Address

1497 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5

SUITE 211

City & State

CLEARWATER, FL

City & State

DUNEDIN, FL

4. FEI Number

59-3518095

Applied For

Not Applicable

Zip

Country

33765

US

Zip

Country

34698

US

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

ALBANESE, NICK
12800 VONN RD
#5154
LARGO FL 33774

Name

Street Address (P.O. Box Number is Not Acceptable)

981 MCFARLAND ST

City

DUNEDIN

FL

Zip Code

34698

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS ALBANESE, NICK
CITY-ST-ZIP 12800 VONN RD #5154
LARGO FL 33774

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 981 MCFARLAND ST
CITY-ST-ZIP DUNEDIN, FL. 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Nick Albanese NICK ALBANESE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

727-461-5569

Daytime Phone #

CR2E034 (10/00)