## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF

INTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000074387 1. Entity Name INNOVATION DEVELOPMENT MARKETING INTERNATIONAL C 05-14-2001 90276 029 \*\*\*150.00 Principal Place of Business Mailing Address 115 PRINCE PLACE 115 PRINCE PLACE SANFORD FL 32771 SANFORD FL 32771 **N0051472** 2. Principal Place of Business 3. Mailing Address Springs Ciade Courtney Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3549364 Winter Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired FL USA 32108 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BODIN, Catherine **BODIN, ERIC** Street Address (P.O. Box Number is Not Acceptable) 115 PRINCE PLACE SANFORD FL 32771 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change : ☐ Addition D/P X Delete TITLE TITLE Bodin Catherine 117 courtney springs NAME BODIN, ERIC Circle NAME STREET ADDRESS STREET ADDRESS 115 PRINCE PLACE winter Springs, FL 32708 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32711 ☐ Delete TITLE NAME **BODIN, CATHERINE** NAME Raleigh Place STREET ADDRESS 115 PRINCE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Change Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change \_\_\_ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE 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.

President and Director 4/29/2001