

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076258

1. Entity Name  
INTERNATIONAL FINANCIAL AND MARKETING RESOURCES,

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90036 043 \*\*\*150.00

Principal Place of Business

1501 ARIANA RD.  
UNIT 36-CC  
LAKELAND FL 33815

Mailing Address

426 PALMOLA ROAD  
LAKELAND FL 33803

2. Principal Place of Business

5600 U.S. Hwy 98 No  
Suite, Apt. #, etc.  
#3

3. Mailing Address

P.O. Box 91215  
Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33809

Country

Polk

Zip

33804-1215

Country

Polk

4. FEI Number 59-3557192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYONS, DOUGLAS  
325 N. CALHOUN  
TALLAHASSEE FL 32301

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, 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

TITLE PD  
NAME MURPHY, RICHARD C JR.  
STREET ADDRESS 426 PALMOLA ROAD  
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE SD  
NAME WILLIAMS, JACQUELYN  
STREET ADDRESS 426 PALMOLA ROAD  
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE T  
NAME WALTERS, BETTY R.  
STREET ADDRESS 460 WINDERMERE DR.  
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE D  
NAME MURPHY, R. DALE  
STREET ADDRESS 1009 MECHAM #3  
CITY-ST-ZIP RUIDOSO NM 88345 ☐ Delete

TITLE DCEO  
NAME BURKE, THOMAS  
STREET ADDRESS 11500 SUNRISE VALLEY DR., #360  
CITY-ST-ZIP RESTON VA 20191-1492 ☐ Delete

TITLE D  
NAME DARDEN, LOU  
STREET ADDRESS 205 34TH STREET  
CITY-ST-ZIP VIRGINIA BEACH FL 23451 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  
NAME MURPHY, RICHARD C JR.  
STREET ADDRESS 170 No MADISON  
CITY-ST-ZIP THOMASVILLE, GA 31799 ☒ Change ☐ Addition

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

TITLE  
NAME JAMES CLAY FIELDING  
STREET ADDRESS 154 OAK SQUARE DR DIR.  
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change ☒ Addition

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

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

TITLE  
NAME MARSHALL R. CASSEDY, DIR.  
STREET ADDRESS 2012 No. POINT BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 863-858-5713

Date

Daytime Phone #

CR2E034 (10/00)