

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90188 003 \*\*\*150.00

**DOCUMENT # P98000076258**

1. Entity Name

**INTERNATIONAL FINANCIAL AND MARKETING RESOURCES, INC.**

Principal Place of Business

5600 US HWY 98 N.

**LAKELAND FL 33809**

Mailing Address

PO BOX 91215

**LAKELAND FL 33804-1215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**LYONS, DOUGLAS**  
**325 N. CALHOUN**  
**TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PCEO**  
STREET ADDRESS **MURPHY, RICHARD C JR.**  
CITY-ST-ZIP **170 N. MADISON**  
**THOMASVILLE GA 31799**

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **DR. WILLIAM MOCK**  
CITY-ST-ZIP **121 N. 20th ST.**  
**OPELIKA AL 36801**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **CASSEDY, MARSHALL P**  
CITY-ST-ZIP **22012 N. POINT BLVD**  
**TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition  
NAME **DIR.**  
STREET ADDRESS **DR. DAVID GOLDSTON**  
CITY-ST-ZIP **339 LAKE SHORE CT.**  
**POLK CITY, FL 33868**

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

**RICHARD C. MURPHY**

Date

Daytime Phone #

4/30/02

863-858-0751

CR2E034 (9/01)