

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90190 034 ***150.00

DOCUMENT # P98000076258



1. Entity Name
INTERNATIONAL FINANCIAL AND MARKETING RESOURCES, INC.

Principal Place of Business
5600 US HWY 98 N.
#3
LAKELAND FL 33809

Mailing Address
PO BOX 91215
LAKELAND FL 33804-1215

2. Principal Place of Business
1840 FAIRBANKS ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKELAND, FLORIDA

City & State

4. FEI Number **59-3557192**

Applied For
Not Applicable

Zip
33805

Country
POLK

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard C. Murphy, Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PCEO** ☒ Change ☐ Addition
NAME **MURPHY, RICHARD C. JR.**
STREET ADDRESS **#36- E.C.**
CITY-ST-ZIP **LAKELAND, FL. 33815**

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **MOCK, WILLIAM DR**
STREET ADDRESS **121 N 20TH ST**
CITY-ST-ZIP **OPELIKA AL 36801**

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

TITLE **D** ☐ Delete
NAME **GOLDSTON, DAVID DR**
STREET ADDRESS **339 LAKE SHORE CT**
CITY-ST-ZIP **POLK CITY FL 33868**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard C. Murphy, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03 (863) 858-0751
Date Daytime Phone #

CR2E034 (10/02)