

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018123

1. Entity Name

M.D. INTERNATIONAL MARKETING, INC. ✓

Principal Place of Business

326 RIVER BLUFF DR.
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 4006
ORMOND BEACH FL 32175

2. Principal Place of Business

123 NORTH ORCHARD ST.

3. Mailing Address

P.O. BOX 410A

Suite, Apt. #, etc.

BLDG. 4 - A

Suite, Apt. #, etc.

City & State

ORMONDA BEACH, FL

City & State

ORMONDA BEACH, FL

Zip

32174

Country

USA

Zip

32175

Country

USA

4. FEI Number

59-3568383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARBY, WILLIAM A
326 RIVER BLUFF DR.
ORMOND BEACH FL 32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete

NAME WILLIAM A. DARBY
STREET ADDRESS 326 RIVER BLUFF DRIVE
CITY-ST-ZIP ORMONDA BEACH, FL 32174

TITLE ☐ Delete

NAME VICE-PRESIDENT
STREET ADDRESS TIM MEADOWS
CITY-ST-ZIP 6901 PLEASANT RUN ROAD
COLLEYVILLE, TX 76034

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

William A. Darby (Pres.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/31/00

Daytime Phone #

64.677.5282
EXT. 32

CR2E034 (5/00)