

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0454670

DOCUMENT # P99000018123

1. Entity Name
M.D. INTERNATIONAL MARKETING, INC.

03-13-2001 90075 016 ***150.00

Principal Place of Business Mailing Address
123 NORTH ORCHARD STREET **P.O. BOX 4164**
BLDG 4-A **ORMOND BCH FL 32175**
ORMOND BEACH FL 32174

2. Principal Place of Business 3. Mailing Address
533 NORTH NOVARA Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 203 City & State
ORMONDA BEACH, FL City & State
 City & State City & State
32174 **USA** Zip Country
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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* DATE *3/7/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------|----------------------|-----------------------|-------|------|----------------|-------------|
| P | DARBY, WILLIAM | 326 RIVER BLUFF DR | ORMOND BEACH FL 32174 | | | | |
| VP | MEADOWS, TIM | 6901 PLEASANT RUN RD | COLLEYVILLE TX 76034 | | | | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.* DATE: *3/7/01* DAYTIME PHONE: *386.677.5282*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)