

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77049

1. Entity Name

ITMC, INC.

Principal Place of Business

C/O R BOLEN
800 S RIO VISTA BLVD
FT LAUDERDALE FL 33316
US

Mailing Address

C/O R BOLEN
800 S RIO VISTA BLVD
FT LAUDERDALE FL 33316
US

2. Principal Place of Business

% R. BOLEN
Suite, Apt. #, etc.
1101 S.E. 8TH STREET
City & State
FT. LAUDERDALE, FL
Zip
33316
Country
BROWARD

3. Mailing Address

% R. BOLEN
Suite, Apt. #, etc.
1101 S.E. 8TH STREET
City & State
FT. LAUDERDALE, FL
Zip
33316
Country
BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0283299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLEN, ROBERT A
800 S RIO VISTA BLVD
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name BOLEN, ROBERT A.
Street Address (P.O. Box Number is Not Acceptable)
1101 S.E. 8TH STREET
City FT. LAUDERDALE, FL FL Zip Code 33316

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 Robert A. Bolen ROBERT A. BOLEN 1-16-01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BADORF, MICHAEL 5620 TAYLOR STREET, #N HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL BADORF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01 (305) 336-6318
Date Daytime Phone #

0259795

CR2E034 (10/00)