2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2003 8:00 am Secretary of State

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1. Entity Nam	MENT # 826747 ERNATIONAL CORP.	,	A Ivan		04-10-2003 90161 040 ***150.00	
Principal Plac 2001 W OAK ORLANDO FL US		Mailing Address 2001 W OAK RIDGE ROAD ORLANDO FL 32809 US				
2. Principal P	Place of Business	3. Mailing Address			T TOBER TORIO CENTE ALIAN COOK BIRTH COOK BEAT BIRTH DIDEN D	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & Stat	е	City & State			4. FEI Number 23-1714658 Applied For Not Applicable	
Zip Country		Zip	o Country		Certificate of Status Desired	
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New Registered Agent	
WARE WATE	ZENDLIDOÙ MELICOA		N	lame		
	KENBURGH, MELISSA RNATIONAL CORP.	e de la company de la comp	Si	treet Address	(P.O. Box Number is Not Acceptable)	
	OAK RIDGE ROAD					
ORLANDO FL 32809				City . FL Zip Code		
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its re	egistered of	ffice or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	ė.				·	
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Age	nt signature require	ed 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 Trust Fund Contribution.	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE " NAME STREET ADORESS CITY-ST-ZIP	P GARRETT, JAMES 9912 BEAUFORT CRT WINDERMERE FL 34786	⊠ Delete	TITLE NAME STREET AD CITY-ST-Z		DERSON, JAMES E. JEFFERSON ST. LS CHURCH, VA 22046	
TITLE Name Street address City-St-Zip	VAN VALKENBURGH, MELIŞSA 2205 LAKE CRESENT CT		TITLE NAME STREET AD CITY-ST-Z	DRESS	☐ Change ☐ Addition	
TITLE Name Street Address City-St-Zip	V Andrew, Glenn 6029 Blakeford Dr Windermere Fl 34786	Delete	TITLE NAME STREET ADI CITY-ST-Z		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		· 🔲 Delete	TITLE NAME STREET AD CITY-ST-Z	1	Change Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP			TITLE NAME STREET ADI CITY-ST-Z	J	☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-2		☐ Change ☐ Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

(407)859-7410 x 2043

Daytime Phone #