

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90032 034 \*\*\*150.00

DOCUMENT # **F98000002858**

1. Entity Name  
**INTERNATIONAL TRADE AND GUARANTY CORPORATION**

Principal Place of Business

**408 PLAYERS COURT  
 ST. AUGUSTINE FL 32084**

Mailing Address

**408 PLAYERS COURT  
 ST. AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1242408**

Application  
 Not Applicable

5. Certificate of Status Desires

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ESTES, RONALD E  
 408 PLAYERS COURT  
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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:

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

(NOTE: Registered Agent's signature required when re-issuing)

(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          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-STATE-ZIP |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-STATE-ZIP |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-STATE-ZIP |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-STATE-ZIP |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-STATE-ZIP |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ...

|                |                                 |                                   |
|----------------|---------------------------------|-----------------------------------|
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-STATE-ZIP |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-STATE-ZIP |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-STATE-ZIP |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-STATE-ZIP |                                 |                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, if "Call" sign like empowered.

SIGNATURE:

*Ronald E. Estes*  
**RONALD E. ESTES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01**  
 Date

**904-471-3927**  
 Business Phone

CR2E034 (10/00)