

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90052 028 ***150.00

0418763 AV

DOCUMENT # P95000084200

1. Entity Name

INTERNATIONAL INTELLIGENCE AGENCY, CORP.

Principal Place of Business

**ONE TAMPA CITY CENTER
 SUITE 2530
 TAMPA FL 33602**

Mailing Address

**P.O. BOX 1363
 TAMPA FL 33601**

2. Principal Place of Business

3. Mailing Address

One Tampa City Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2530

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33602-5163

US

4. FEI Number

59-3349045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
 101 E. KENNEDY BOULEVARD
 SUITE 1000
 TAMPA FL 33602**

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

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, 2002 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 SCHMITZ, WIDO F
 6410 RENWICK CIRCLE
 TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 RICKENBACHER, URS M
 BAHNNOF STRASSE 9/10
 LYSS, SWITZERLAND CH -3250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP
**D
 ORSI, GUIDO
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Wido F. Schmitz

SIGNATURE REQUIRED

1-10-02 (813) 225-1444

Date

Daytime Phone #

CR2E034 (9/01)