

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90448 031 ***158.75

003525 AV

DOCUMENT # **P98000048286**

1. Entity Name
INTLTRADER.COM, INC.

Principal Place of Business
250 PARK AVENUE SOUTH
SUITE 200
WINTER PARK FL 32789

Mailing Address
250 PARK AVENUE SOUTH
SUITE 200
WINTER PARK FL 32789

B0064319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
220 Central Parkway

3. Mailing Address
220 Central Parkway

Suite, Apt. #, etc.
Suite 2060

Suite, Apt. #, etc.
Suite 2060

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
59-3514167

Applied For
 Not Applicable

Zip Country
32701 USA

Zip Country
32701 USA

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

VEITIA, DIEGO J
250 PARK AVENUE SOUTH
SUITE 200
WINTER PARK FL 32789

Name
Diego J. Veitia
 Street Address (P.O. Box Number is Not Acceptable)
220 Central Parkway, Ste 2060
 City State Zip Code
Altamonte Springs FL 32701

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 **Diego J. Veitia**
 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 NAME STREET ADDRESS CITY-ST-ZIP	DP VEITIA, DIEGO J 250 PARK AVENUE SOUTH SUITE 200 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINZ, JONATHAN C 250 PARK AVENUE SOUTH SUITE 200 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAKER, STEPHEN A 250 PARK AVENUE SOUTH SUITE 200 WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMURTY, NANCEY 250 PARK AVE S #200 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUFF, SHERI M 250 PARK AVE S #200 WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BESSIRE, BRENT H 250 PARK AVE S #200 WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P 220 Central Parkway, Ste 2060 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 Central Parkway, Ste 2060 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 Central Parkway, Ste 2060 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Edward R. Cofrancesco, Jr. 220 Central Parkway, Ste 2060 Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: **Nancey M. McMurtry** **Nancey M. McMurtry** 4/3/02 407-741-5340
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)