

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008032

1. Entity Name

ALBATROS INTERNATIONAL, INC.

Principal Place of Business

8870 BOGGY CREEK RD.
400
ORLANDO FL 32824

Mailing Address

8870 BOGGY CREEK RD.
400
ORLANDO FL 32824

2. Principal Place of Business

3. Mailing Address

8870 BOGGY CREEK
Suite, Apt. #, etc.
#400

8870 BOGGY CREEK RD
Suite, Apt. #, etc.
#400

City & State

Orlando FL

Zip

32824

Country

USA

City & State

Orlando FL

Zip

32824

Country

USA

4. FEI Number

59-3430496

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

SHORT, HOUSTON E
280 W CANTON AVE
SUITE 410
WINTER PARK FL 32789

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BOECKER, CLAUD	
STREET ADDRESS	3956 TOWN CENTER BLVD NO 172	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, HELEN T	
STREET ADDRESS	3956 TOWN CENTER BLVD NO 172	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *John Lee Jensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25 2001 (407) 858-4650

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90159 005 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)