FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am **DOCUMENT # 562236 Secretary of State** 1. Entity Name INTERNATIONAL TRUST INCORPORATED 03-05-2001 90312 030 ***150.00 Principal Place of Business Mailing Address 3851 N.E. 22ND WAY 3851 N.E. 22ND WAY LIGHTHOUSE POINT FL 33064-7434 LIGHTHOUSE POINT FL 33064-7434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1843513 Not Applicable Country Zip Country Zip _ \$8.75 Additional 5. - Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, EDWARD R III Street Address (P.O. Box Number is Not Acceptable) 3851 N.E. 22ND WAY LIGHTHOUSE POINT FL 33064-7434 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE NAME BROWN, EDWARD R III NAME STREET ADDRESS STREET ADDRESS 3851 N.E. 22ND WAY CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-7434 TITLE Delete TITLE Change ☐ Addition NAME NAME BROWN, EDWARD R IV STREET ADDRESS STREET ADDRESS 3851 NE 22ND WAY CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-7434 TITLE ☐ Delete TITLE ☐ Change Addition NAME BROWN, CHRISTOPHER A NAME STREET ADDRESS STREET ADDRESS 3851 NE 22ND WAY CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-7434 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #

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.