

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90672 005 ***150.00

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DOCUMENT # 852160

1. Entity Name

AFSM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**1342 COLONIAL BLVD
 #25
 FT MYERS FL 33907**

**1342 COLONIAL BLVD
 #25
 FT MYERS FL 33907**

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

59-1941188

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

**HENault, DAVID
 1342 COLONIAL BLVD. #25
 FORT MYERS FL 33907**

Name

JOHN SCHOENEWALD

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

1342 COLONIAL BLVD, # D25

City

FORT MYERS

FL

Zip Code

33907

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 **CEO**
 STREET ADDRESS **HENault, DAVID**
 CITY-ST-ZIP **1342 COLONIAL BLVD., #25**
FORT MYERS FL 33907

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **BRAUN, JOHN**
 CITY-ST-ZIP **P.O. BOX 958 (N/A)**
VALLEY FORGE PA 19482

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GEUNTER, RICHARD**
 CITY-ST-ZIP **P.O. BOX 500 (N/A)**
BLUE BELL PA 19424

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT/CHAIRMAN**
 STREET ADDRESS **RICHARD GUENTHER**
 CITY-ST-ZIP **UNISYS WAY**
BLUE BELL, PA 19424-0001

TITLE ☐ Delete
 NAME **PC**
 STREET ADDRESS **SCHOENEWALD, JOHN**
 CITY-ST-ZIP **551 DEER RIDGE LANE**
MAPLEWOOD MN 55119

TITLE ☒ Change ☐ Addition
 NAME **CEO**
 STREET ADDRESS **JOHN SCHOENEWALD**
 CITY-ST-ZIP **1342 COLONIAL BLVD, # D25**
FORT MYERS, FL 33907

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **DENNIS GERSHOWITZ**
 CITY-ST-ZIP **4 HENDERSON DRIVE**
WEST CAHONEN, NJ 07006

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **HERBERT KAMENSKY**
 CITY-ST-ZIP **OFFICE 212, BLDG 12**
DUBAI INTERNET CITY DUBAI, UNITED ARAB EMIRATES

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)