

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90140 040 ***158.75

DOCUMENT # F50737

1. Entity Name

INTERNATIONAL TRADE & CAPITAL, INC.

Principal Place of Business

**1394 S.W. EAGLEGLLEN PLACE
STUART FL 34997**

Mailing Address

**1394 S.W. EAGLEGLLEN PLACE
STUART FL 34997**

00033761



DO NOT WRITE IN THIS SPACE

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 **59-2231199**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYDEN CHRISTOPHER W
1394 SW EAGLEGLLEN PLACE
STUART FL 34997**

7. Name and Address of New Registered Agent

Name

BRIAN J. CORNELL

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

1394 SW EAGLEGLLEN PLACE

City

STUART

FL

Zip Code

34997

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 *Brian J. Cornell* **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

Apr 6/01

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BOYDEN, CHRISTOPHER W. 1394 SW EAGLEGLLEN PLACE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CORNELL, WILLIAM 1394 S.W. EAGLEGLLEN PLACE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORNELL, BRIAN 1394 S.W. EAGLEGLLEN PLACE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HEIDAQCKER, KAREN M. 1394 S.W. EAGLEGLLEN PLACE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVD CHARLTON, JOHN F 11 MULBERRY LANE ARDEN NC 28704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SURRENDER, S. CHADHA 48 GREENHEY DRIVE, S. WOODFORD LONDON E18 2HB. UK.	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HEIDACKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input 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: *Wm. Cornell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WM. CORNELL

Apr 6/01 **561-283-7555**

Date Daytime Phone #

CR2E034 (10/00)