

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91516 030 \*\*\*150.00

DOCUMENT # F99091 ✓  
1. Entity Name  
SAMPLE INTERNATIONAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2884 JOHN ANDERSON DR.  
Suite, Apt. #, etc.  
3. Mailing Address  
SAMPLE INTL. INC.  
Suite, Apt. #, etc.  
2884 JOHN ANDERSON DR.

DO NOT WRITE IN THIS SPACE

City & State  
ORMOND BEACH FL  
Zip  
32176-2327 Country  
USA  
City & State  
ORMOND BEACH FL  
Zip  
32176-2327 Country  
USA  
4. FEI Number  
592219249  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
RICHARD J. SAMPLE  
Street Address (P.O. Box Number is Not Acceptable)  
2884 JOHN ANDERSON DR.  
City  
ORMOND BEACH FL Zip Code  
32176

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 RICHARD J. SAMPLE

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) ☐

**January 1 - May 1, Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$81.25**

**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  
P  
RICHARD J. SAMPLE  
2884 JOHN ANDERSON DR.  
ORMOND BEACH FL 32176-2327

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. SAMPLE Richard J. Sample 4/19/02 386 441 6083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)