

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G51460**

1. Entity Name

F.S. INTERNATIONAL, INC.

FILED

02 APR 10 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5301 COUNTY ROAD SUITE 140
ORLANDO FL 32811**

Mailing Address

**5301 COUNTY ROAD SUITE 140
ORLANDO FL 32811**

2. Principal Place of Business

5301 Conroy Road

3. Mailing Address

5301 CONROY ROAD

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

Suite 140

City & State

Orlando Florida

City & State

Orlando FL

Zip

32811

Country

USA

Zip

32811

Country

USA

4. FEI Number

59-2314808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAUE, PAUL CALUP

**5301 COUNTY ROAD SUITE 140
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name **LANE, Paul Camp**

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

5301 CONROY ROAD, Suite 140

City **Orlando**

FL

Zip Code **32811**

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!!! FEES \$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

TITLE **D** ☐ Delete

NAME **LAUE, PAUL CALUP**
STREET ADDRESS **5301 COUNTY ROAD SUITE 140**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **1** ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☒ Addit

NAME **LANE, PAUL CAMP**
STREET ADDRESS **5301 CONROY ROAD, SUITE 140**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **Director** ☐ Change ☒ Addit

NAME **Khalil Schmidt**
STREET ADDRESS **Ziegelgasse 21**
CITY-ST-ZIP **85354 Freising, Germany**

TITLE **Director** ☐ Change ☒ Addit

NAME **Franziska Schmidt**
STREET ADDRESS **Ziegelgasse 21**
CITY-ST-ZIP **85354 Freising, Germany**

TITLE ☐ Change ☐ Addit

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit

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 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

Paul Camp Lane

Date

Daytime Phone #

03/08/02

01/11/02

407-316-0343