

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G73290**

1. Entity Name

UNITED INTERNATIONAL DEVELOPMENT, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90039 039 ***150.00

Principal Place of Business

Mailing Address

1821 BAYSHORE DRIVE
P.O. BOX 310
TERRA SEIA FL 34250
US

110 HANNOVER DR., STE. B201
ST. CATHARINES, ONTARIO
CANADA L2W 1A4
OC

C0089812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14530 Alejo Court, Seminole, Florida 34646

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2124954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHNEIDER, C W
1821 BAYSHORE DRIVE
TERRA SEIA FL 34250

Name

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

City

FL

Zip Code

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, 2000 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	VST	<input type="checkbox"/> Delete
NAME	PARTRIDGE, WALLACE	
STREET ADDRESS	110 HANNOVER DR.	
CITY-ST-ZIP	ST. CATHARINES ONT. CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARTRIDGE, WALLACE	
STREET ADDRESS	110 HANNOVER DR.	
CITY-ST-ZIP	ST. CATHARINES ONT. CANADA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAHORCHAK, ROBERT	
STREET ADDRESS	109 RIVERVIEW BLVD.	
CITY-ST-ZIP	ST. CATHARINES ONT CANADA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZAHORCHAK, MARY	
STREET ADDRESS	105 RIVERVIEW BLVD.	
CITY-ST-ZIP	ST. CATHARINES ONT. CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 20. 2000

Date

Daytime Phone #