

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90034 042 ***150.00

DOCUMENT # J85233

1. Entity Name
INTERNATIONAL DRIVE, INC.

Principal Place of Business
633 DARTMOUTH STREET
ORLANDO FL 32804

Mailing Address
633 DARTMOUTH STREET
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 Southhall Lane

Suite, Apt. #, etc.
Suite 400

City & State
Maitland, FL

Zip
32751

Country
U.S.A.

3. Mailing Address
101 Southhall Lane

Suite, Apt. #, etc.
Suite 400

City & State
Maitland, FL

Zip
32751

Country
U.S.A.

4. FEI Number
59-2831074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STETSON, GARY
633 DARTMOUTH ST
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
101 Southhall Lane
Suite 400
City Maitland FL Zip Code 32751

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **STETSON, H. GARY**
STREET ADDRESS **633 DARTMOUTH ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME **101 Southhall Lane, Suite 400**
STREET ADDRESS **Maitland, FL 32751**
CITY-ST-ZIP

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04.26.02** **Daytime Phone #** **407.660.6042**

CR2E034 (9/01)