## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## K77204 **DOCUMENT #**

1. Entity Name



## **FILED** May 02, 2003 8:00 am § Secretary of State

05-02-2003 90135 026 \*\*\*150.00

)	INTERNATIONAL CORPO	RATION			<b>'</b> .		
Principal Place of Business 3189 PIONEER RD P O BOX 525 VERNON FL 32462 US		Mailing Address P O BOX 525 VERNON FL 32462 US					
2. Principal Place of Business		3. Mailing Address			i italibiji ali labii labia liali abii biil	<b>                                     </b>	3
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number <b>59-2988330</b>		Applied For Not Applicable
Zip	Country	Zip	Country			\$8.75 / Fee Requ	
	6. Name and Address of Curren	t Registered Agent	Nome		7. Name and Address of New Regis	stered Agent	
MOORE, ALAN H			Name Street A	ddrane (P.C	O Day Number is Not Acceptable)		
915 DELAWARE AVE LYNN HAVEN FL 32444			Sueer	daress (r.c	O. Box Number is Not Acceptable)		
LIMIT IL	CIVI L SETTY	•	City			FL Zip C	ode
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office o	r registered	d agent, or both, in the State of Florida		th, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NQT	E: Registered Agent signal	ture required wh	nen reinstating)	DATE	
. ∰ After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				Election Campaign Financ     Trust Fund Contribution.		.00 May Be
	k Payable to Florida Department	1			TO DESCRIPTION OF THE OFFICER	TO THE PROPERTY	
TITLE	OFFICERS AND	D DIRECTORS  Delete	11.	<del></del> -	ADDITIONS/CHANGES TO OFFICER		
NAME	MOORE, ALAN H	L Delete				□ Chann	
STREET ADDRESS	DAE DELAMANE AVE		NAME			☐ Chang	e Li Addition
CITY-ST-ZIP	915 DELAWARE AVE LYNN HAVEN FL		NAME STREET ADDRESS CITY-ST-ZIP	!		☐ Chang	e Audition
TITLE	LYNN HAVEN FL STD	<b>⊠</b> Delete	STREET ADDRESS	576	<del>-</del>	Chang	
TITLE NAME	Lynn haven fl Std Green, Ilene	<b>⊠</b> Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	STL	A NNE MOORE > SIAWARA AVS	Chang	
TITLE NAME STREET ADDRESS	LYNN HAVEN FL STD	(Delete	STREET ADDRESS CITY-ST-ZIP	576 5112 919 LVW	ANNE MOORE BELAUARE AVE IN HAVON, FL 32	Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LYNN HAVEN FL STD GREEN, ILENE 580-1ST STREET CHIPLEY FL 33-2428 VD	<b>⊠</b> Delete □ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	576 5112 919 LYN	NAME MOORE DELAWARE AVE IN HAVON, FL 32	Chang	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LYNN HAVEN FL STD GREEN, ILENE 580-1ST STREET CHIPLEY FL 33-2428 VD MOORE, ARVIN C 3189 PIONEER RD		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	576 5112 919 Lyw	NINE MOORE DELAWARE AVE IN HAVON, FL 32	□ Chang	e Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #