

2000 UNIFORM BUSINESS REPORT (UBR)

0007895 AF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 12:43

DOCUMENT # M96000000235

1. Entity Name
INTERNATIONAL RESOLUTIONS L.L.C.

Principal Place of Business
7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG FL 33702

Mailing Address
7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG FL 33702-4300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7901 4th St. N.
Suite, Apt. #, etc.
Suite 203
City & State
St. Petersburg, Fl.
Zip
33702
Country
USA

3. Mailing Address
7901 4th Street North
Suite, Apt. #, etc.
Suite 203
City & State
St. Petersburg, Fl.
Zip
33702
Country
USA

4. FEI Number 59-3381104
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BALKAN, THOMAS J
7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 2/23/00

| 9. MANAGING MEMBERS/MEMBERS | | | 10. ADDITIONS/CHANGES | | |
|-----------------------------|----------------------------------|---------------------------------|-----------------------|---------------------------------------|--|
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | MGRM WALL, KARL J | | STREET ADDRESS | Richard Newton | |
| CITY- ST- ZIP | 7901 4TH STREET NORTH, SUITE 200 | | CITY- ST- ZIP | 4 Beechwood Circle | |
| | ST. PETERSBURG FL 33702 | | | Chadds Ford, PA 19317 | |
| TITLE | MGRM MCNALLY, JOSEPH W | <input type="checkbox"/> Delete | TITLE | MGRM Richard Newton 1992 Family Trust | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 7901 4TH STREET NORTH, SUITE 200 | | STREET ADDRESS | c/o McCabe, Heidrich & Wong | |
| CITY- ST- ZIP | ST. PETERSBURG FL 33702 | | CITY- ST- ZIP | 4 batchall Drive | |
| TITLE | MGRM READ, WAYNE A JR. | <input type="checkbox"/> Delete | TITLE | Parsippany, NJ 07054-4513 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7901 4TH STREET NORTH, SUITE 200 | | STREET ADDRESS | 200003148692--9 | |
| CITY- ST- ZIP | ST. PETERSBURG FL 33702 | | CITY- ST- ZIP | -02/28/00--01012--013 | |
| TITLE | MGRM REINKING, LINDA L | <input type="checkbox"/> Delete | TITLE | *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7901 4TH STREET NORTH, SUITE 200 | | STREET ADDRESS | | |
| CITY- ST- ZIP | ST. PETERSBURG FL 33702 | | CITY- ST- ZIP | | |
| TITLE | MGRM BALKAN, THOMAS J | <input type="checkbox"/> Delete | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7901 4TH STREET NORTH, SUITE 200 | | STREET ADDRESS | | |
| CITY- ST- ZIP | ST. PETERSBURG FL 33702 | | CITY- ST- ZIP | | |
| TITLE | MGRM HOLLAND, EDWARD J | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7901 4TH STREET NORTH, SUITE 200 | | STREET ADDRESS | | |
| CITY- ST- ZIP | ST. PETERSBURG FL 33702 | | CITY- ST- ZIP | | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE OF MANAGER 2/8/00 727-577-3771(x208)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)