## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N38726

Title:

Name:

Address:

City-St-Zip:

DTS

SMITH, AMANDA

VALRICO, FL 33594

( ) Delete

1110 RIFLECREST AVENUE

Entity Name: INTERNATIONAL RELIEF AND TRAINING, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1110 RIFLECREST AVE VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** P OBOX 1364 BRANDON, FL 335091364 US FEI Number: 59-3015261 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VORSTER, SAREL 1110 RIFLÉCREST AVE VALRICO, FL 33594 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BADENHORST, M. Name: Name: Address: 1110 RIFLECREST AVE Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: ( ) Delete Title: () Change () Addition RICHARDSON, CARL H Name: Name: Address: 304 EAST LUMSDEN ROAD Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition BADENHORST, MARTHINUS L Name: Name: 1110 RIFLECREST AVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BADENHORST, M DP 04/26/2002

() Change () Addition