

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N38726

FILED  
May 20, 2003  
Secretary of State

Entity Name: INTERNATIONAL RELIEF AND TRAINING, INC.

**Current Principal Place of Business:**

1110 RIFLECREST AVE  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

P OBOX 1364  
BRANDON, FL 335091364 US

**New Mailing Address:**

FEI Number: 59-3015261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VORSTER, SAREL  
1110 RIFLECREST AVE  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: BADENHORST, M,  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: RICHARDSON, CARL H  
Address: 304 EAST LUMSDEN ROAD  
City-St-Zip: BRANDON, FL 33511

Title: DV ( ) Delete  
Name: BADENHORST, MARTHINUS L  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594

Title: DTS ( ) Delete  
Name: SMITH, AMANDA  
Address: 1110 RIFLECREST AVENUE  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BADENHORST, MARLENE MS  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594 US

Title: D (X) Change ( ) Addition  
Name: RICHARDSON, CARL H REV  
Address: 304 EAST LUMSDEN ROAD  
City-St-Zip: BRANDON, FL 33511 US

Title: DV (X) Change ( ) Addition  
Name: BADENHORST, MARTHINUS L MR  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594 US

Title: DTS (X) Change ( ) Addition  
Name: SKINNER, AMANDA MS  
Address: 1110 RIFLECREST AVENUE  
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Change (X) Addition  
Name: VORSTER, TRUDIE M MS  
Address: 1110 RIFLECREST AVENUE  
City-St-Zip: VALRICO, FL 33594 US

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.

SIGNATURE: MARLENE BADENHORST

MS

05/20/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date