

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006548

1. Entity Name

INTERNATIONAL TEST COMMISSION, INC.

Principal Place of Business

24025 REDFISH COVE
PUNTA GORDA FL 33955

Mailing Address

24025 REDFISH COVE
PUNTA GORDA FL 33955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BYRNE, BARBARA
24025 REDFISH COVE
PUNTA GORDA FL 33955

4. FEI Number

65-0996223

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OAKLAND, THOMAS
STREET ADDRESS 1921 SW 8 DRIVE
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete

TITLE TD
NAME BYRNE, BARBARA
STREET ADDRESS 24025 REDFISH COVE
CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete

TITLE PD
NAME BARTRAM, DAVID
STREET ADDRESS SHL GROUP PLC 3 AC COURT
CITY-ST-ZIP THAMES DITTON SURREY UK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 617, 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:

Barbara Byrne (BARBARA BYRNE) FEB. 5 '01 (941) 575-8046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90188 038 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)