

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006548

1. Entity Name

INTERNATIONAL TEST COMMISSION, INC.

Principal Place of Business

Mailing Address

24025 REDFISH COVE
PUNTA GORDA FL 33955

24025 REDFISH COVE
PUNTA GORDA FL 33955

2. Principal Place of Business

3. Mailing Address

3260 SOUTH SHORE DR.

3260 SOUTH SHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 62B

APT # 62B

City & State

City & State

PUNTA GORDA, FL

PUNTA GORDA, FL

Zip

Country

Zip

Country

33955

USA

33955

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRNE, BARBARA
24025 REDFISH COVE
PUNTA GORDA FL 33955

Name

Street Address (P.O. Box Number is Not Acceptable)

3260 SOUTH SHORE DRIVE APT # 62B

City

PUNTA GORDA

FL

Zip Code

33955

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jan. 10 '02 (941) 575-8046
Date Daytime Phone #

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90008 013 ****61.25



DO NOT WRITE IN THIS SPACE

0094418

CR2E037 (9/01)