

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90425 037 ****70.00

DOCUMENT # N99000006548

1. Entity Name

INTERNATIONAL TEST COMMISSION, INC.



Principal Place of Business

**3260 SOUTH SHORE DR.
APT#62B
PUNTA GORDA FL 33955
US**

Mailing Address

**3260 SOUTH SHORE DR.
APT#62B
PUNTA GORDA FL 33955
US**

2. Principal Place of Business

3. Mailing Address

3301 DIAMOND KEY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

Country

33955-4656 USA

Zip

Country

33955-4656 USA

4. FEI Number **65-0996223**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BYRNE, BARBARA
3260 SOUTH SHORE DRIVE APT #62B
PUNTA GORDA FL 33955**

7. Name and Address of New Registered Agent

BYRNE, BARBARA

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

3301 DIAMOND KEY CT.

City

PUNTA GORDA

FL

Zip Code

33955-4656

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 9 '03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OAKLAND, THOMAS 1921 SW 8 DRIVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYRNE, BARBARA 24025 REDFISH COVE PUNTA GORDA FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BYRNE, BARBARA 3301 DIAMOND KEY CT. PUNTA GORDA FL 33955-4656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTRAM, DAVID SHL GROUP PLC 3 AC COURT THAMES DITTON SURREY UK	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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. 9 '03 (941) 575-8046