## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 29, 2001 8:00 am DOCUMENT # P00000053163 **Secretary of State** 1. Entity Name ALTUS INTERNATIONAL, INC. 01-29-2001 90091 011 \*\*\*150.00 Mailing Address" Principal Place of Business 2020 W BRANDON BLVD SUITE 202 2020 W BRANDON BLVD SUITE 202 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address 2020 W. Branch B) vol 2020 W Brandin Blvcl DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DICKERSON, M. JOSEPH ESQ Street Address (P.O. Box Number is Not Acceptable) 2020 W BRANDON BLVD SUITE 206 BRANDON FL 33511 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Change Addition TITLE NAME NAME MORDUE, STEVE STREET ADDRESS STREET ADDRESS 2020 W BRANDON BLVD SUITE 202 CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Delete ☐ Addition TITLE TITLE NAME NAME MCCURDY, TOM STREET ADDRESS STREET ADDRESS 2020 W BRANDON BLVD SUITE 202 CITY-ST-7IP CITY-ST-ZIP BRANDON FL 33511 Addition TITLE Delete TITI F NAME KNIGHT, BRUCE W NAME July 201 STREET ADDRESS STREET ADDRESS 2020 W BRANDON BLVD SUITE 202 CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE: SIGNATURE AND TYPE SCRIPTINTED NAME OF SIGNATED OF DIRECTOR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.