

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90407 012 ***150.00

DOCUMENT # P00000082192

1. Entity Name

DEBAKER, INTERNATIONAL CORP.

Principal Place of Business

**120 E CONCORD ST
 ORLANDO FL 32801**

Mailing Address

**120 E CONCORD ST
 ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3681019

App. fee For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DRAVES, DONNA L ESQ
 120 E CONCORD ST
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DEBAKER, ISABELLE	
STREET ADDRESS	P.O. BOX 1228	
CITY-STATE-ZIP	GENEVA FL 32732	
TITLE	D	☐ Delete
NAME	DEBAKER, LAURENT	
STREET ADDRESS	P.O. BOX 1228	
CITY-STATE-ZIP	GENEVA FL 32732	
TITLE	D	☐ Delete
NAME	DEBAKER, BENIGT BENOIT	
STREET ADDRESS	P.O. BOX 1228	
CITY-STATE-ZIP	GENEVA FL 32732	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	951 Greenwood Blvd.	
STREET ADDRESS	Lake Mary, FL 32746	
CITY-STATE-ZIP		☒ Change ☐ Addition
TITLE		☒ Change ☐ Addition
NAME	951 Greenwood Blvd.	
STREET ADDRESS	Lake Mary, FL 32746	
CITY-STATE-ZIP		☒ Change ☐ Addition
TITLE		☒ Change ☐ Addition
NAME	BENOIT (spelling)	
STREET ADDRESS	951 Greenwood Blvd	
CITY-STATE-ZIP	Lake Mary, FL 32746	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 changed, or on an attachment with an address, with all other I so empowered.

SIGNATURE

Benoit Debaker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

04/16/01 (407) 321-3333
 DATE OF FILING

CR2E034 (10/00)