

2005 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90299 038 \*\*\*150.00

DOCUMENT # P01000069089

1. Entity Name

INTERNATIONAL VENTURES INC

**DO NOT WRITE IN THIS SPACE**

50043306

2. Principal Place of Business

1834 ST. JOHNS BLUFF RD S

Suite, Apt. #, etc.

3. Mailing Address

1834 ST. JOHNS BLUFF RD S

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

Zip  
32246

Country

USA

City & State

JACKSONVILLE FL

Zip  
32246

Country

USA

4. FEI Number

01-0593835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GABRIEL LANKRY

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

1834 ST. JOHNS BLUFF RD S

City

JACKSONVILLE

FL

Zip Code

32246

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
D LANKRY, GABRIEL  
STREET ADDRESS  
1834 ST. JOHNS BLUFF RD S  
CITY-ST-ZIP  
JACKSONVILLE FL 32246

TITLE  
NAME  
LANKRY, SAMUEL  
STREET ADDRESS  
1834 ST. JOHNS BLUFF RD S  
CITY-ST-ZIP  
JACKSONVILLE FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: GABRIEL LANKRY

*[Signature]* 4-21-05 (904)  
6455990