

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90030 025 \*\*\*150.00

**DOCUMENT # P93000023349**

1. Entity Name  
**LTAB INTERNATIONAL, INCORPORATED**

Principal Place of Business      Mailing Address  
**210 MCLEAN POINTE WEST**      **210 MCLEAN POINTE WEST**  
**WINTER HAVEN FL 33884**      **WINTER HAVEN FL 33884**  
**US**      **US**

**717726**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3601 EAST BAY DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**201**

City & State      City & State      4. FEI Number      Applied For  
**HOLMES BEACH, FL**           **65-0412260**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**34217**      **USA**                      **\$8.75**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEHRENS, GREGG 210 MCLEAN POINTE WEST WINTER HAVEN FL 33884-4135		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEIDEN, MATT W.F.</b> <b>28 AVENUE ALEXANDRE</b> <b>B-1300 WAVRE/BELGIUM FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28, AVENUE LAVOISIER</b> <b>B-1300 WAVRE, BELGIUM</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>KOEHLER, DIRK</b> <b>KIEFERNWEG 37</b> <b>D-53721 SIEBURG/GERMANY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type=" 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=" 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=" 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=" 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=" Addition"/>

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

SIGNATURE: \_\_\_\_\_ **2/07/2001** (011 32) (10 243619)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**M. GEIDEN, PRESIDENT**

CR2E034 (10/00)