

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90018 048 \*\*\*150.00

**DOCUMENT # P93000023349**

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

Principal Place of Business <b>3601 EAST BAY DR          #201          HOLMES BEACH FL 34217          US</b>	Mailing Address <b>3601 EAST BAY DR          #201          HOLMES BEACH FL 34217          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15700 COLLEGE BLVD.</b>	3. Mailing Address <b>15700 COLLEGE BLVD.</b>
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Suite, Apt. #, etc. <b>101</b>	Suite, Apt. #, etc. <b>101</b>
City & State <b>LENEXA, KS</b>	City & State <b>LENEXA, KS</b>
Zip <b>66219</b>	Zip <b>66219</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0412260</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**BEHRENS, GREGG  
 210 MCLEAN POINTE WEST  
 WINTER HAVEN FL 33884-4135**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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 \_\_\_\_\_

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEIDEN, MATT W.F.</b> <b>28 AVE LAVOISIER</b> <b>B-1300 WAVRE, BELGIUM</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KOEHLER, DIRK</b> <b>KIEFERWEG 37</b> <b>D-53721 SIEBURG GERMANY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28, AVE. LAVOISIER</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PILLAUER STR. 2</b> <b>26802 NEERMOR, GERMANY</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **M. GEIDEN** Date: **2/11/02** Daytime Phone #: **011 32 10 243619**

CR2E034 (9/01)