

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91770 037 ***150.00

DOCUMENT # P93000071565

1. Entity Name

INTERNATIONAL BROKERAGE EXCHANGE OF CENTRAL FLORIDA, INC.

Principal Place of Business

5618 VINELAND RD
 ORLANDO FL 32819
 US

Mailing Address

5618 VINELAND RD
 ORLANDO FL 32819
 US

2. Principal Place of Business

7041 GRAND NATIONAL DR

3. Mailing Address

7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

ORLANDO

City & State

ORLANDO

4. FEI Number

59-3235730

Applied For

Not Applicable

Zip

32819

Country

US

Zip

32819

Country

U.S.

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

UNSWORTH, WILLIAM E
8401 LOST LAKE DR
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

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

City

FL

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

William E. Unsworth

4/28/02

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, 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 **P** ☐ Delete
 NAME **UNSWORTH, WILLIAM E**
 STREET ADDRESS **8401 LOST LAKE DR**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
 NAME **HARNAGE, CHRISTINE**
 STREET ADDRESS **5285 CAMDEN LAKE PKWY**
 CITY-ST-ZIP **ACWORTH, GA 30101**

TITLE ☒ Change ☒ Addition
 NAME **JOHNSON, AMY**
 STREET ADDRESS **532 PIGEON CR**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Unsworth

4/28/02

407 351 3767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)