

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000032654

FILED  
Apr 22, 2003  
Secretary of State

Entity Name: SBI INTERNATIONAL, INC.

**Current Principal Place of Business:**

100-A COMMERCE WAY  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

100-A COMMERCE WAY  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 59-3239193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPBELL, ROBERT Y  
4420 CANAL DR  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

CAMPBELL, ROBERT Y DP  
4420 CANAL DR  
SANFORD, FL 32771 US

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: ROBERT Y. CAMPBELL      04/22/2003  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CAMPBELL, ROBERT Y DP  
Address: 4420 CANAL DR  
City-St-Zip: SANFORD, FL 32771

Title: DTDS ( ) Delete  
Name: CAMPBELL, SANDRA W DTDS  
Address: 4420 CANAL DR  
City-St-Zip: SANFORD, FL 32771

Title: DS ( ) Delete  
Name: CAMPBELL, SANDRA W DS  
Address: 4420 CANAL DR  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT Y. CAMPBELL      DP      04/22/2003  
Electronic Signature of Signing Officer or Director      Date