

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90116 041 \*\*\*150.00

0370678

DOCUMENT # P94000052171

1. Entity Name

FUTURA INTERNATIONAL, INC.

Principal Place of Business  
22051 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 33765

Mailing Address  
22051 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3253376

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, CLIVE R  
22051 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 33765

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

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, 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 PD  
NAME LONG, TERRY L  
STREET ADDRESS 22051 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE VP  
NAME FRYMAN, MARSHALL  
STREET ADDRESS 220501 US HWY 19 N  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE D  
NAME LONG, WAYNE  
STREET ADDRESS 22051 US HWY 19 N  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE ST  
NAME BAILEY, CLIVE  
STREET ADDRESS 22051 US HWY 19 N  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE D  
NAME KUNG, JOAN  
STREET ADDRESS 22051 US HWY 19 N  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

727-791-3332

Daytime Phone #

CR2E034 (10/00)