FILED

239-689-3463

2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P94000067286 DOCUMENT # 04-21-2003 90307 011 ***150.00 THE INTERNATIONAL LOCATOR GROUP, INC. Principal Place of Business Mailing Address 2503 DEL PRADO BLVD. 2503 DEL PRADO BLVD. **SUITE 435** SUITE 435 CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business First street **4435** Street 1235 Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES ste 113 Ste 112 City & State City & State Applied For 4. FEI Number 65-0510265 HOrt Nu ort nue Not Applicable Country Country \$8.75 Additional 33901 5. Certificate of Status Desired 33901 ee. ee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven weisz DUNN, TROY W 9901 MERLE DR. N. FT. MYERS FL 33917 SUITE 113 Zip Cade 01 FORT MYERS rpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity such is statement for the obligations of registe STEVEN J. WEISZ SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! /FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Malie Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, President Delete TITLE Change Change Addition steven J. weisz DUNN, TROY W NAME NAME 9901 MERLE DR. 2235 FIRST STREET, SUITE 113 STREET ADDRESS STREET ADDRESS N. FT. MYERS FL 33917 CITY-ST-ZIP .CITY-ST-ZIP FORT MYERS, FLORIDA TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITI F Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 appurate 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 by frustee annowered to secoult this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all chapter like appropried. changed, or on an attachment v ke empowered

EOUSTEVEN J. WEISZ

NO TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \

SIGNATUR