2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

117 LIGHTHOUSE DR.

JUPITER FL 33469

P94000091633

Mailing Address

117 LIGHTHOUSE DR.

JUPITER FL 33469

1. Entity Name

DUE PROCESS INTERNATIONAL, INC.

1	

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90732 030 ***150.00

2. Principal Place of Business 3. Mailing Address				T I BRITTERS THE IBERT BERTT BERTT BERTT BERTT BERTT BERTT BERTT TOTAL TOTAL TOTAL TOTAL STATE S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State		4. FEI Number 65-0550200 Applied For Not Applied			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Currer	it Registered Agent		7. Name and Address of New Registered Agent			
			Name	Name			
WALTHER	R, BRUCE L		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
117 LIGH	THOUSE DR.		Street Addres	Street Address (F.O. Box Number is Not Acceptable)			
Jupiter i	FL 33469						
	- * · · · · · · · · · · · · · · · · · ·		City	FL Zip Code			
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and acce			
SIGNATURE .							
•	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered Agent signature req	equired when reinstating) DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Floridá Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS ANI	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTHER, BRUCE L 117 LIGHTHOUSE DR. JUPITER FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Additi			
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- D'Change Additi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wil	□ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Additi			

increase 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 10 or Block 11 if changed, or on an attachagnit with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR