**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

TED NAME OF SIGNING OFFICER OR DIRECTOR

## May 10, 2001 8:00 am Secretary of State DOCUMENT # P95000029907 05-10-2001 90039 001 \*\*\*150.00 INTERNATIONAL TELLUS AMBRY CORPORATION Principal Place of Business Mailing Address 4721 SPANIEL ST. 4721 SPANIEL ST. ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address 2703 ULLENS CT 2763 CULLER'S CT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OCOEE OCOEE Applied For City & State City & State 4. FEI Number 59-3329319 Not Applicable Country ASA Zip Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEAD" MALCOLM HEAD, MALCOLM Street Address (P.O. Box Number is Not Acceptable) 4721 SPANIEL ST CULLER'S CT ORLANDO FL 32818 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Change **X** Delete TITLE HEAD, MALCOLM NAME NAME HEAD, MALCOLM STREET ADDRESS **4721 SPANIEL STREET** STREET ADDRESS 2703 CULLEN'S CT OCOEE FL 34761. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE Addition TITLE 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-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.