2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000057227 1. Entity Name INTERNATIONAL TECHNICAL RESOURCES INC.						FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90220 050 ***150.00					
Principal Place of Business 725 N A1A SUITE D-106 JUPITER FL 33477 US		Mailing Address 725 N A1A AUITE D-106 JUPITER FL 33477 US									
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, etc.											
City & State		City & State				FEI Number	59-332516	3	· · · · · ·	pplied For ot Applicable]
Zip Country		Zip	ntry E		Certificate of	Status Desired		\$8.75 Ad	ditional	1	
6. Name and Addres	ss of Current Re	gistered Agent			7. [Name and A	ddress of New I	legistere			
TERRY L. FUNK 314 RIDGE ROAD			Name Street Addres	s (P.O. E	3ox Number i	is Not Acceptabl	e)			-	
JUPITER FL 33477											-
_	~ ~			City			FL			Zip Code	
 8. The above named antity submits this SIGNATURE Signature, typed or printed name 9. This corporation is eligible to satisfic 	of registered agent and	e	: Registere	ed Agent signature requ		einstating)		DATE			
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550 Make Check Payable to Department of			tate	I THSEEURO CONTROLUTOR FOR ADDED TO FEES					
11. Of TITLE D NAME FUNK, TERRY L STREET ADDRESS 1061 E INDIANTOWN CITY-ST-ZIP JUPITER FL 33477	RD SUITE 41	Delete			AĽ	DITIONS/CH	HANGES TO OFF	ICERS AI	ND DIRECTOR	S IN 11	E034 (10/00)
TITLE D NAME FUNK, STEVE STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477	n RD Suite 41	C Delete		1					Change	Addition	CR2F03
TITLE D D NAME FUNK, RANDALL J STREET ADDRESS 1061 E INDIANTOWN RD SUITE 410 CITY-ST-ZIP JUPITER FL 33477					-				🗌 Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete							🗋 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗖 Delete							🔲 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete							Change	Addition	
 I hereby certify that the internation indicated on this report of supplen of the corporation or the receiver o changed, or on an attachment with 	nental report is tri ir trustee empowe	De and accurate and that n ered to execute this report	the exe ny signa as requi	mption stated in ture shall have the red by Chapter (Section le same 307, Flori	119.07(3)(i), legal effect a da Statutes;	Florida Statutes. Is if made under and that my nam	I further c oath; that e appear	certify that the i I am an officer s in Block 11 o	nformation or director r Block 12 if	
		THE NAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytime Phone #		