

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053658

1. Entity Name

I.T. INTERNATIONAL, INC.

Principal Place of Business

3184 E COLONIAL DR  
ORLANDO FL 32803  
US

Mailing Address

3184 E COLONIAL DR  
ORLANDO FL 32803  
US

2. Principal Place of Business

519 NORTH MAGNOLIA AVE.

3. Mailing Address

519 NORTH MAGNOLIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32803

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3453074

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JOHN (M)  
3184 E COLONIAL DR  
ORLANDO FL 32803

(SHOULD BE D. NOT M.)

7. Name and Address of New Registered Agent

Name

JOHN D. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

519 NORTH MAGNOLIA AVE

City

ORLANDO

FL

Zip Code

32801

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 JOHN D. MARTINEZ - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOHN	
STREET ADDRESS	3184 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John D. Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. MARTINEZ 4/19/01

Date

Daytime Phone #

407-844-0076

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90044 001 \*\*\*150.00

05-17-2001 90044 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)