

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90381 009 \*\*\*150.00

**DOCUMENT # P97000053658**

1. Entity Name  
**I.T. INTERNATIONAL, INC.**



Principal Place of Business  
**800 CELEBRATION AVENUE  
CELEBRATION FL 34747  
US**

Mailing Address  
**800 CELEBRATION AVENUE  
CELEBRATION FL 34747  
US**



2. Principal Place of Business  
**13212 EAST COLONIAL DRIVE SUITE C1B**

3. Mailing Address  
**13212 EAST COLONIAL DRIVE SUITE C1B**

City & State  
**ORLANDO FLORIDA**

City & State  
**ORLANDO FLORIDA**

4. FEI Number  
**59-3453074**

Applied For  
☐ Not Applicable

Zip  
**32826**

Country  
**USA**

Zip  
**32826**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, JOHN D  
800 CELEBRATION AVENUE  
CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name **MARTINEZ JOHN D**  
Street Address (P.O. Box Number is Not Acceptable)  
**13212 EAST COLONIAL DRIVE SUITE C1B**  
City **ORLANDO** FL Zip Code **32826**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John D. Martinez* **JOHN D. MARTINEZ** **28 APRIL 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MARTINEZ, JOHN 800 CELEBRATION AVENUE CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HOLLEY, DAVID 800 CELEBRATION AVENUE CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WHITE, MARC 800 CELEBRATION AVENUE CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MARTINEZ JOHN 13212 EAST COLONIAL DRIVE SUITE C1B ORLANDO FLORIDA 32826</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HOLLEY DAVID 13212 EAST COLONIAL DRIVE SUITE C1B ORLANDO FLORIDA 32826</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WHITE MARC 13212 EAST COLONIAL DRIVE SUITE C1B ORLANDO FLORIDA 32826</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 attachment with an address, with all other like empowered.

SIGNATURE: *John D. Martinez* **JOHN D. MARTINEZ** **28 APRIL 03** **407-658-6789**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)