2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000026841** Mar 21, 2000 8:00 am Secretary of State PAUL STUDD INTERNATIONAL INC. 03-21-2000 90060 025 ***150.00 Principal Place of Business Mailing Address 2093 CIRCLE PLACE DRIVE 2093 CIRCLE PLACE DRIVE LANTANA FL 33413-2118 LANTANA FL 33462 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2388770 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent : KIESLING, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1101 N. CONGRESS AVE., #203 **BOYNTON BEACH FL 33426** City WEST RALIN BEACH FL 334 76 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees √√ (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE STUDD, PAUL NAME NAME 1212 ISLAUD SHORES D.R. WEST PACM BEACH, FL. 33413 STREET ADDRESS 2093 CIRCLE PLACE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. LANTANA FL 33462 ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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 another 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 important. SIGNATURE:

Daytime Phone #