

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044848

1. Entity Name

INTERNATIONAL BUSINESS & TECHNOLOGIES G.P. FLORIDA

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90023 047 ***150.00

Principal Place of Business

Mailing Address

4621 LASON LOVE DR
SUITE 1123
ORLANDO FL 32811

4621 LASON LOVE DR
SUITE 1123
ORLANDO FL 32811

2. Principal Place of Business

4621 Cason Cove Dr.

Suite, Apt. #, etc.

Suite 1123

City & State
Orlando

Zip
FL 32811

Country
U.S.A.

3. Mailing Address

4621 Cason Cove Dr.

Suite, Apt. #, etc.

Suite 1123

City & State
Orlando FL

Zip
32811

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3511285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERDMANN, H. RUDIGER
4621 LASON LOVE DR
SUITE 1123
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when re-registering)

DATE

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 PD
NAME ERDMANN, H. RUDIGER
STREET ADDRESS 7512 DR. PHILLIP BLVD., #50-321
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

H.R. Erdmann President

Feb. 16-01 407 999-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)