2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 18, 2002 8:00 am Secretary of State DOCUMENT # P98000062367 1. Entity Name 08-18-2002 90130 016 ***550.00 INTERNATIONAL PEACEKEEPERS CORPORATION Principal Place of Business Mailing Address C/O WENDY ANDERSON, ESQUIRE C/O WENDY ANDERSON, ESQUIRE 200 SOUTH ORANGE AVENUE #2300 200 SOUTH ORANGE AVENUE #2300 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3530903 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDERSON, WENDY ESQ Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE **SUITE 2300** ORLANDO FL 32801 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE HANSEN, SCOTT NAME NAME 501 N ORLANDO AVE 313-309 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789-7313 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition PATTERSON, ALAFAYETTE NAME NAME STREET ADDRESS 501 N ORLANDO AVE 313-309 STREET ADDRESS WINTER PARK FL 32789-7313 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE SAX, WARD NAME NAME STREET ADDRESS 501 N ORLANDO AVE 313-309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789-7313 Delete TITLE ☐ Change Addition TITLE JOHNSON, AYERS NAME NAME STREET ADDRESS 501 N ORLANDO AVE 313-309 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789-7313 CITY-ST-ZIP Delete Addition ☐ Change TITLE TITLE ANDERSON, WENDY NAME NAME STREET ADDRESS 501 N ORLANDO AVE 313-309 STREET ADDRESS

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information his 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 accurate the second of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information su indicated on this report or sof the corporation or the red supplemental repo changed, or on an attachmer like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

WINTER PARK FL 32789-7313

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

___ Addition