## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000080154 Apr 05, 2000 8:00 am Secretary of State KESTREL INTERNATIONAL U.S.A., INC. 04-05-2000 90071 027 \*\*\*150.00 Principal Place of Business Mailing Address 345 BAY SHORE BOULEVARD 345 BAY SHORE BOULEVARD **SUITE 1912 SUITE 1912** TAMPA FL 33606 TAMPA FL 33806-2387 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 1912 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1912 Applied For City & State City & State 4. FE! Number FL 59-3533597 TAMPA TAMPA FL. Not Applicable Country Country USA \$8.75 Additional 33606 5. Certificate of Status Desired 33606 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIES, PAUL Street Address (P.O. Box Number is Not Acceptable) 345 BAY SHORE BOULEVARD **SUITE 1912 TAMPA FL 33606** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable 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. Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE DANE, WILLIAM DANIEL NAME NAME STREET ADDRESS THE CRICKERAGE CRAKEHALL BEDALE DL8 1HT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UNITED KINGDOM ☐ Change Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 supplied nental 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 emplwered 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.

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