

2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # P98000098033
1. Entity Name
INTERNATIONAL FORWARDERS INC
Principal Place of Business
501-C INDUSTRIAL ST.
LAKE WORTH FL 33461
Mailing Address
501-C INDUSTRIAL ST.
LAKE WORTH FL 33461
2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip
Zip
Country
4. FEI Number
65-0915358
Applied For
Not Applicable
5. Certificate of Status Desired
**\$8.75 Additional
Fee Required**
6. Name and Address of Current Registered Agent
**ATWELL, CHRISTOPHER L
7541 KINGSLEY CT.
LAKE WORTH FL 33467**
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 reinstating)
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, 2002 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
12.
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATWELL, CHRISTOPHER L 7541 KINGSLEY CT LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWELL, NEVILLE G 6435 BRANCHWOOD DR LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWELL, ELIZABETH S 7541 KINGSLEY CT LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWELL, SUSAN C 20 CAMDEN LN BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and am authorized 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, over all other like empowered.
SIGNATURE: *Christopher L. Atwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
01-07-02 (561) 588-6535
Date
Daytime Phone #
901260
A

DO NOT WRITE IN THIS SPACE
CR2E034 (9/01)