

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90744 001 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000001140**

1. Entity Name  
**RONSTAN INTERNATIONAL, INC.**



JUL 13 2003

Principal Place of Business  
 7600 BRYAN DAIRY RD. N.  
 LARGO, FL 33777

Mailing Address  
 7600 BRYAN DAIRY RD. N.  
 LARGO, FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3551332**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SCHINDEL, MATTHEW**  
 201 N. FRANKLIN ST.  
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name  
**MATTHEW G. SCHINDEL, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**ONE NORTH CLEMATIS STREET**  
**SUITE 500**  
 City **WEST PALM BEACH** FL Zip Code **33401**

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]*

*4/23/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$160.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**P FULLMER, K C**  
 STREET ADDRESS **6304 LAKE SIDE AVE**  
 CITY-ST-ZIP **VIRGINIA BEACH, VA 23451**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VP PRUSSIA, ALAN**  
 STREET ADDRESS **1633 UNION ST #E**  
 CITY-ST-ZIP **ALAMEDA, CA 94501**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**T RANDOLPH, CATHY**  
 STREET ADDRESS **685 SNUG ISLAND**  
 CITY-ST-ZIP **CLEARWATER, FL 33676**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D MURRAY, ALSITAIR**  
 STREET ADDRESS **220 BAY RD**  
 CITY-ST-ZIP **GAND RIGHAM, VI**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**S KIRLEY, KEN**  
 STREET ADDRESS **3002 LONGBROKE WAY**  
 CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **KEN KIRLEY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/03* **727-545-1911**  
 DATE DAYTIME PHONE #

CFR2034 (10/02)