2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000052537** May 24, 2000 8:00 am Secretary of State INTERNATIONAL CURRENCY LIMITED, INC. 05-24-2000 90154 031 ***150.00 Principal Place of Business Mailing Address 3786-ASCOT BENT COURT 3788 ASCOT BENT COURT BONITA SPRINGS-FL-84134~ BONITA SPRINGS FL 34134 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. DATE e, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD ☐ Change ☐ Addition TITLE Delete TITLE BRAIHLAND, CHARLES & W 810 River Point P. NAME NAME STREET ADDRESS STREET ADDRESS Naples, FL 3410 BONITA SPRINGS FL 34124 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete SCHUBBE, RICHARD D NAME NAME 3786 ASCOT BENT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS