

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90104 020 ***150.00

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

DOCUMENT # P99000094452					
1. Entity Name CONFERENCES INTERNATIONAL, INC.					
Principal Place of Business 1001 STARKEY ROAD #427 LARGO, FL 33771			Mailing Address 1001 STARKEY ROAD #427 LARGO, FL 33771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 58-3805382			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2625			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when registering.)					
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	VTD		TITLE		
NAME	BURNIE, ROBERT R		NAME		
STREET ADDRESS	1001 STARKEY ROAD #224		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	PSD		TITLE		
NAME	STEVENS, JAMES R		NAME		
STREET ADDRESS	1001 STARKEY ROAD #427		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY-ST-ZIP			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)(1), 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 807, 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: <u>Robert R Burnie</u> ROBERT R BURNIE <u>4-8-03</u> <u>727-536-4326</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					