CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2002 8:00 am Secretary of State DOCUMENT # S08431 1. Entity Name 01-29-2002 90034 023 ***150.00 INTERNATIONAL INVESTMENT COUNSEL, INC. Principal Place of Business Mailing Address P.O. BOX 1330 P.O. DRAWER 12684 FT. WALTON BEACH FL 32549 PENSACOLA FL 32574-2684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3040167 Not Applicable Zip Country Country \$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 Name SCHWEIZER, JEFFERY L Street Address (P.O. Box Number is Not Acceptable) 31 BAY DRIVE, SE FT. WALTON BEACH FL 32548 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE Delete ☐ Addition SCHWEIZER, JEFFERY L. NAME NAME STREET ADDRESS 31 BAY DRIVE, SE... STREET ADDRESS CITY-ST-ZIP FT: WALTON BEACH FL 32548 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition **√AME** NAME TREET ADDRESS STREET ADDRESS ČITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 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

SIGNATURE:

changed, or on an attachment with an

er like empowered.

with all ot