2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) V14860 DOCUMENT

1. Entity Name INTERNATIONAL LOCATOR, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90307 007 ***150.00

1					THE STATE OF						
Principal Place of 2503 DE PARDO E SUITE 435		Mailing Address 2503 DE PARDO BLVD SUITE 435			_						
CAPE CORAL FL	33904	CAPE CORAL FL 33904									
2. Principal Place	e of Business	3. Mailing Address									
2235 FI		2235 FIRST STREET									
Suite, Apt. #, e SUITE 1	.13	Suite, Apt. #, etc. SUITE 113			CHECK HERE IF MAKING CHANGES						
City & State FORT MY	ERS, FLORIDA	FORT MYERS, FLORIDA				4. FEI Number	65-0315259		⊢ +	pplied For ot Applicable	1
Zip 33901	Country LEE	Zip Cour 33901 LE			5. Certificate of Status Des		Status Desired	d S8.75 Additional Fee Required			
					ddress of New F	tegistered A	gent]		
DUNN, TROY					NameSTEVEN J. WEISZ						
2503 S. DEL PRADO BLVD.				Street Address (PO_Box Number is Not Acceptable)							1
CAPE CORAL				SUITE 113						1	
	Total	С				RT MYERS FL 393661					1
	ned entity submits this statement for of registered agent.	the purpose of changing its	registere				in the State of Flo	orida. I am fa			
	X/#-//		S	TEVE	N J.	WEISZ	all	14/03	3		
SIGNATURE YSigna	ature, typed or patitled no the of pensioned agent a	nd title if applicable. (NOTE	Registered	Agent signat	ure required v	when reinstating)		DATE			
FILE NOV.!! FEE IS \$150.00 After May 1,2003 Fee will be \$550.00					_	9. Elect	ion Campaign Fir	nancing	\$5.0	O May Be]
	yable to Florida Department of	State				Trust	Fund Contributio	n. 🗀		to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	1
TITLE PS		Delete	TITLE	I	PST				Change	Addition	6
	inn, troy 01 Merle Drive		NAME	T ADDRESS		VEN J. W		C 10 17 1	1.0		140
	FORT MYERS FL			ST-ZIP	FOR'		STREET, FLORID				3
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	INN, TROY		NAME								ľ
	01 MERLE DRIVE FORT MYERS FL			T ADDRESS ST-ZIP							
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NAME			NAME					•		_	}
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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 1 using 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

EMUISTEVEN J. WEISZ SIGNATURE: \(\)

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

239-689-3463

Change

Addition