

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


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

04-21-2003 90307 011 ***150.00

0515769 AV

DOCUMENT # P94000067286

1. Entity Name
THE INTERNATIONAL LOCATOR GROUP, INC.



Principal Place of Business
**2503 DEL PRADO BLVD.
SUITE 435
CAPE CORAL FL 33904**

Mailing Address
**2503 DEL PRADO BLVD.
SUITE 435
CAPE CORAL FL 33904**



2. Principal Place of Business
2235 First Street

3. Mailing Address
2235 First Street

Suite, Apt. #, etc.
Suite 113

Suite, Apt. #, etc.
Suite 113

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33901

Country
Lee

Zip
33901

Country
Lee

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUNN, TROY W
9901 MERLE DR.
N. FT. MYERS FL 33917**

7. Name and Address of New Registered Agent

Name
Steven J Weisz

Street Address (P.O. Box Number is Not Acceptable)
2235 FIRST STREET

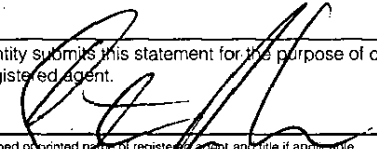
SUITE 113

City
FORT MYERS

FL

Zip Code
33901

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  **STEVEN J. WEISZ** DATE **4/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
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

TITLE NAME PD DUNN, TROY W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9901 MERLE DR.	
CITY-ST-ZIP N. FT. MYERS FL 33917	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME President Steven J. Weisz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2235 FIRST STREET, SUITE 113	
CITY-ST-ZIP FORT MYERS, FLORIDA 33901	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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:  STEVEN J. WEISZ DATE **4/14/03** DAYTIME PHONE # **239-689-3463**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)