2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90054 045 ****61.25

DOCUMENT # N49273

1. Entity Name
INTERNATIONAL INSTITUTE FOR BAUBIOLOGIE & ECOLOGY, INC.

Principal Place of Business	Mailing Address
1401-A CLEVELAND ST. CLEARWATER, FL 33755 US	1401-A CLEVELAND ST. CLEARWATER, FL 33755 US

DO NOT WRITE IN THIS SPACE

04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3162702
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HELMUT ZIEHE
1401-A CLEVELAND ST
CLEARWATER, FL 33755

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ZIEHE, HELMUT
STREET ADDRESS	2402 ECUADORIAN WAY #54
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	D
NAME	SPATES, WILLIAM H., III
STREET ADDRESS	1848 OAKLAKE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	D
NAME	BURMASTER, M. SPARK
STREET ADDRESS	1592 OVERSON LANE
CITY-ST-ZIP	CHASEBURG, WI 54621
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 trustee empowered to execute this report as required by Chapter 617, 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: Helmut Ziehe H. ZIEHE 4-9-04 (727) 461-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #