2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



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FILED Apr 17, 2003 8:00 am Secretary of State

1. Entity Name INTERNATIONAL PROFILE DATA, INC.					03-17-2003 90	659 035 **	**15 0.00
Principal Place of Business 344 TYMBER RUN DR. ORMOND BCH FL 32174		Mailing Address 344 TYMBER RUN DR. ORMOND BCH FL 32174			- 	TI SIGIZ BIIGZ LIIG	L ALGO DALLANDA
2. Principal	Place of Business	3. Mailing Address)] 1 1337 3 1 13 33 1871	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 01 - 01298 93	; ;	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registers	d'Agent	
			Name			८- ४५-च	
PITTARD, 344 TYME	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
ORMOND BCH FL 32174							
			City		F	L Zip C∞	de
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or re	egistere	ed agent, or both, in the State of Florida. I a	m familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature	required t	when reinstating) CATE		
, F	ILE NOW!!! FEE IS \$150.00					_	
Ŀ Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.	\$5. € Adde	00 May Be d to Fees
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE	D	☐ Delete	TITLE		,	☐ Change	☐ Addition
NAME	PITTARD, JAN P		NAME			_ •	
	344 TYMBER RUN DR.		STREET ADDRESS				
CITY-ST-ZIP	ORMOND BCH FL 32174		CITY-ST-ZIP		Ł		
TITLE ? .	•	Delete ·	TITLE NAME		•	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-ZIP			•	!
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NAME		The same of the sa	NAME.	-	· · · · · · · · · · · · · · · · · · ·	-	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<u> </u>		Change	Addition
NAME STREET ADDRESS			NAME CONTEX ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Deicte	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				ļ
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME	•		NAME			المارين المارين	
STREET ADDRESS			STREET ADDRESS]
CITY-ST-ZIP	,		CITY ST-ZIR				.]
 I hereby of indicated of the corr 	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee embow	nis filing does not quality or the ue and accurate and that my ered to execute this report as	e exemption stated rignature shall have required by Chente	in Sect the sa r 607 F	tion 119.07(3)(i), Florida Statutes. I further ce Ime legal effect as if made under oath; that I Florida Statutes; and that my name appears	ertify that the li am an officer in Block 10 or	or director