

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 643174

1. Entity Name

INTERNATIONAL ACCOUNT SYSTEMS, INC.

Principal Place of Business

15316 NORTH FLORIDA AVE.
TAMPA FL 33613-1257

Mailing Address

15316 NORTH FLORIDA AVE.
TAMPA FL 33613-1257

2. Principal Place of Business

515 PENNSYLVANIA AVENUE

3. Mailing Address

55 DODGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT WASHINGTON, PA

City & State

GETZVILLE, NY

Zip

19034

Country

USA

Zip

14068

Country

USA

6. Name and Address of Current Registered Agent

C T CORP SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P
NAME BUGGELN, PETER J
STREET ADDRESS 15316 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL 33613

☒ Delete

TITLE VPSD
NAME CEFALU, THOMAS V III
STREET ADDRESS 3850 N CAUSEWAY BLVD, 2ND FLOOR
CITY-ST-ZIP METAIRIE LA 70002

☒ Delete

TITLE VPSD
NAME BOLDUC, JOHN P
STREET ADDRESS 1001 S BRICKELL BAY DR #2708
CITY-ST-ZIP MIAMI FL 33131

☒ Delete

TITLE TAS
NAME TRAHAN, EDWARD J
STREET ADDRESS 3850 N CAUSEWAY BLVD, 2ND FLOOR
CITY-ST-ZIP METAIRIE LA 70002

☒ Delete

TITLE AS
NAME CANAVIER, JAQUELINE S
STREET ADDRESS 3850 N CAUSEWAY BLVD, 2ND FLOOR
CITY-ST-ZIP METAIRIE LA 70002

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/C/D
NAME MICHAEL J. BARRIST
STREET ADDRESS 515 PENNSYLVANIA AVENUE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

☐ Change ☒ Addition

TITLE D
NAME CHARLES C. PIOLA, JR.
STREET ADDRESS 515 PENNSYLVANIA AVENUE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

☐ Change ☒ Addition

TITLE SV
NAME MICHAEL G. MOAH
STREET ADDRESS 55 DODGE ROAD
CITY-ST-ZIP GETZVILLE, NY 14068

☐ Change ☒ Addition

TITLE EV/COO
NAME JOSEPH MCGOWAN
STREET ADDRESS 515 PENNSYLVANIA AVENUE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

☐ Change ☒ Addition

TITLE CFO/EV/T
NAME STEVEN WINDKUP
STREET ADDRESS 515 PENNSYLVANIA AVENUE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

☐ Change ☒ Addition

TITLE S
NAME JOSHUA GINDIN
STREET ADDRESS 515 PENNSYLVANIA AVENUE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

☐ Change ☒ Addition

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 changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL G. MOAH, SR. V.P.

Date

Daytime Phone #

(716) 691-5400

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90010 017 ***150.00

LUU4U004



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1947141

Applied For
Not Applicable

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

CR2E034 (9/99)