

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90062 024 ***150.00

DOCUMENT # 643174

1. Entity Name

INTERNATIONAL ACCOUNT SYSTEMS, INC.

Principal Place of Business

**515 PENNSYLVANIA AVE
FORT WASHINGTON PA 19034**

Mailing Address

**55 DODGE ROAD
GETZVILLE NY 14068**

LUUJ1161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15316 N. FLORIDA AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number **59-1947141**

Applied For

Not Applicable

Zip

33613

Country

HILLSBOROUGH

Zip

Country

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

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	BUGGELN, PETER J	
STREET ADDRESS	15316 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	CEFALU, THOMAS V III	
STREET ADDRESS	3850 N CAUSEWAY BLVD, 2ND FLOOR	
CITY-ST-ZIP	METairie LA 70002	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	BOLDUC, JOHN P	
STREET ADDRESS	1001 S BRICKELL BAY DR #2708	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	TRAHAN, EDWARD J	
STREET ADDRESS	3850 N CAUSEWAY BLVD, 2ND FLOOR	
CITY-ST-ZIP	METairie LA 70002	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CANAVIER, JAQUELINE S	
STREET ADDRESS	3850 N CAUSEWAY BLVD, 2ND FLOOR	
CITY-ST-ZIP	METairie LA 70002	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL T. BARRIST	
STREET ADDRESS	515 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FORT WASHINGTON, PA 19034	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES C. PIOLA, JR.	
STREET ADDRESS	515 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FORT WASHINGTON, PA 19034	
TITLE	SA. VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL G. NOAH	
STREET ADDRESS	55 DODGE ROAD	
CITY-ST-ZIP	GETZVILLE, NY 14068	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN L. WINOKUR	
STREET ADDRESS	515 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FORT WASHINGTON, PA 19034	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSHUA BINOIA	
STREET ADDRESS	515 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FORT WASHINGTON, PA 19034	
TITLE	EXEC. VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH C. MCGOWAN	
STREET ADDRESS	515 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FORT WASHINGTON, PA 19034	

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 address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

800/227-4000

Daytime Phone #

CR2E034 (10/00)