

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003820

1. Entity Name

INTERNATIONAL FINANCIAL RESOURCES, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90039 029 ***150.00

Principal Place of Business

510 PLAZA DR
SUITE 2280
ATLANTA GA 30349
US

Mailing Address

14499 N. DALE MABRY HWY
SUITE 159
TAMPA FL 33618-2071
US

2. Principal Place of Business

14499 N. Dale Mabry Hwy

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite # 159

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33618

Country

USA

Zip

Country

4. FEI Number

58-2168804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORNSCHEUER, ALLEN R
14499 N DALE MABRY HWY
SUITE ~~159~~ 159
TAMPA FL 33618

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

M. D. Guisasola

3/16/00

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. ☐

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	PCT	<input type="checkbox"/> Delete
NAME	BORNSCHEUER, ALLEN R	
STREET ADDRESS	14018 CHERRY LAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUISASOLA, MARIA D	
STREET ADDRESS	14018 CHERRY LAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

M. D. Guisasola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

813 963-5900

Daytime Phone #

CR2E034 (9/99)