

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91048 017 ***150.00

0616294 AT

DOCUMENT # F96000004689

1. Entity Name
INTERNAL AUDIT BUREAU, INC.



Principal Place of Business
% BOYAR, HIGGINS & SUOZZO. P.A.
10 PARK PLACE, SUITE 415
MORRISTOWN NJ 07960

Mailing Address
% BOYAR, HIGGINS & SUOZZO. P.A.
10 PARK PLACE, SUITE 415
MORRISTOWN NJ 07960

2. Principal Place of Business
233 NORTHERN BLVD.
Suite, Apt. #, etc.
STE #2

3. Mailing Address
233 NORTHERN BLVD.
Suite, Apt. #, etc.
STE #2

City & State
CLARKS SUMMIT PA

City & State
CLARKS SUMMIT PA

4. FEI Number **22-2573963**

Applied For
Not Applicable

Zip Country
18411 USA

Zip Country
18411 USA

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
TEAB
Street Address (P.O. Box Number is Not Acceptable)
4910 14TH STREET WEST
SUITE 203
City **BRADENTON FL** Zip Code **34207**

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 Michael J. Knaulds
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GREEN, KENNETH**
STREET ADDRESS **1016 PHEASANT RUN**
CITY-ST-ZIP **CLARKS SUMMIT PA 18411**

TITLE **S** ☐ Delete
NAME **GREEN, BARBARA**
STREET ADDRESS **1016 PHEASANT RUN**
CITY-ST-ZIP **CLARKS SUMMIT PA 18411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 607, 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: Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

570-587-1000
Daytime Phone #

CR2E034 (10/02)