

20-03  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F98000005211**

1. Entity Name  
**IO ASSOCIATES, INCORPORATED**  
**1375 PINELLAS BAYWAY #34**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**TIERRA VERDE, FL**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**03-0353887**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**CYNTHIA PINO**

Street Address (P.O. Box Number is Not Acceptable)  
**1375 PINELLAS BAYWAY #34**

City  
**TIERRA VERDE**

FL

Zip Code  
**33715**

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 (PCD)

NAME **CYNTHIA PINO**

STREET ADDRESS **1375 PINELLAS BAYWAY #34**

CITY - ST - ZIP **TIERRA VERDE, FL 33715**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE (S)

NAME **ALICE E. OLDFORD**

STREET ADDRESS

CITY - ST - ZIP **TIERRA VERDE, FL 33715**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia J Pino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CYNTHIA J PINO*

Date

Daytime Phone #

*3/26/03 7272153410*

FILED

03 APR 15 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000016059480  
04/15/03--01016--010 \*\*\$600.00

CR2E0348 (12/02)

IO ASSOCIATES INCORPORATED  
1375 PINELLAS BAYWAY #34  
TIERRA VERDE, FL 33715

March 14, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref. Number F98000005211

To Whom It May Concern:

Per the direction of your office, I have enclosed 2002 and 2001 annual reports for IO Associates Incorporated along with a check for payment of both years' reports. Please note that the 2001 report was filed timely and returned by your office.

It is my understanding that your records indicate that at some point in time IO Associates Incorporated failed to file an annual report. This omission was due solely to non-receipt of a report from your office.

Accordingly, as president of IO Associates Incorporated I respectfully request that you reinstate the corporate charter and waive the normal reinstatement fee. IO Associates Incorporated has always maintained an excellent record of compliance with all State and Federal Government filing requirements. If you check with the Florida Department of Revenue, they will certainly confirm this.

~~Thank you in advance for your consideration of our request. We look forward to~~  
a favorable reply.

Sincerely,



Cynthia Pino, President