

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90008 038 \*\*\*150.00

DOCUMENT #

K74602

Entity Name

International Bi-Rak-H, Inc.

1. Place of Business

Mailing Address

5049 River Point Road  
Jacksonville, Fl. 32207-1106

Principal Place of Business

3. Mailing Address

5049 River Pt. Rd.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Jacksonville, Fl.

City &amp; State

Jacksonville, Fl.

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-3000791

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Monica M' Carmack 5049 River Point Rd. Jacksonville, Fl 32207			
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Monica M' Carmack

5/2/2000

Date

904-398-5428

Daytime Phone #

CR2E034 (9/99)