2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K74602 **DOCUMENT #**

1. Entity Name

INTERNATIONAL BI RAK IT ASSOCIATION, INC.



FILED

04-07-2003 90989 038 ***150.00

SUB-RINCHE FT RD ANCHONNULE FL 32807 US Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State			- · • -		7		
Suite. Apt. #. effc. Suite. Address of Country Suite. Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite. Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FLL Zir Code 8. The above named entity suimits this statement for the purpose of changing its registered direct or registaged agent. or both, ig the State of Flords. It are immiss with, and accept the obligations of registered agent. FULL TOWNIT! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Paping Franching agent or both, ig the State of Flords. It are immiss with, and accept the obligations of registered agent. FULL TOWNIT! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Paping Franching agent or both, ig the State of Flords. It are immiss with, and accept the obligations of registered Agent. FULL TOWNIT! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After	Principal Place of Business 5049 RIVER PT RD JACKSONVILLE FL 32207 US		5049 RIVER PT RD JACKSONVILLE FL 32207				
City & State Country Country Sp. Co	2. Principal Place of Business		3. Mailing Address			- Gigir Tibli bibli bibli bibli bibli lbbi	
Secondary Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent MCCORMICK, MONICA MCCORMICK, MONICA MCCORMICK, MONICA Street Address (P.O. Box Number is Not Acceptable) File 2D Codd File 2D Co	City & State		City & State		4. FEI Number 59-3000791		
Name Sites Address (P.O. Box Number is Not Acceptable) Sites Address (P.O. Box Number is Not Acceptable) Sites Address (P.O. Box Number is Not Acceptable) City FL Zip Codo Codo City FL Zip Codo	Zip	Country	Zip	Country	5. Certificate of Status Desired		
Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) City		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent	
Scient Address (P.C. Sox Null tear is not Address (Name			
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its regispered office or registered agent, or both, by the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DIAD COMMENT FLEE IS \$150.00 Acter May 1, 2003 Fee will be \$550.00				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, ig the State of Florida. I am ramiliar with, and accept the obligations of registered agent. Commit	JACKSONVILLE FL 32207				:		
The obligations of registered agent. SIGNATURE Signature hybrid or private flures of registered agent and sool is approache. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.				City	. F	Zip Code	
After May 1, 2003 Fee will be \$55.00 May Be Make Check Payable to Florida Department of State OFFICIENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE MAME SIRECT ADDRESS DITY-ST-2P TITLE MAME SIRECT ADDRESS DITY-ST-2P TITLE MAME SIRECT ADDRESS DITY-ST-2P TITLE	SIGNATURE MONICA M' Cormick Monica M Connick 4/3/03						
D Delete TITLE Change Addition	After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Adde					Added to Fees	
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		ertify that the information supplied with	this filing does not qualify for		Section 119 07/3Vi) Florida Statutes I further or	ertify 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. Ploida 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: MONICO WILL SEARCE OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #