

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90190 035 ***150.00

DOCUMENT # L44009

1. Entity Name

IOA, INC.

Principal Place of Business

280 WEST CANTON
 SUITE 240
 WINTER PARK FL 32789
 US

Mailing Address

280 WEST CANTON
 SUITE 240
 WINTER PARK FL 32789
 US

2. Principal Place of Business

6240 Kipps Colony Ct

Suite, Apt. #, etc.
 # 303

City & State
 Gulfport FL

Zip
 33707

Country

3. Mailing Address

6240 Kipps Colony Ct

Suite, Apt. #, etc.
 # 303

City & State
 Gulfport FL

Zip
 33707

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2986777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SYNDERBURN, PHILIP J.
 280 WEST CANTON
 SUITE 240
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Snyderburn, Philip J

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

301 E. PINE ST. # 1020

City
 Orlando

FL

Zip Code
 32801

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/16/02

DATE

9. 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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 ROTENBERG, NORMAN A.
 6240 KIPPS COLONY CT. #303
 GULFPORT FL 33707 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 ROTENBERG, EMILY J
 6240 KIPPS COLONY CT. #303
 GULFPORT FL 33707 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SYNDERBURN, MANETTE M.
 9928 INDIAN KEY TRAIL
 SEMINOLE FL 33776 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 2528 THICKET RIDGE
 LONGWOOD FL 32779

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

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

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02

Date

800. 874. 7932

Daytime Phone #

CR2E034 (9/01)