2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 21, 2001 8:00 am
Secretary of State
04-23-2001 90039 027 ****61.25

DOCUMENT # N00000000284

1. Entity Name

INTERNET BUSINESS ASSOCIATION INTERNATIONAL, INC

Principal Place of Business	Mailing Address
~~3710 GREENERY COURT~~ 12304 Paddock Ave TAMPA FL 33618	~~3710 GREENERY COURT~~ TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12304 Paddock Ave	PO Box 151535
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.:
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33618 Country: USA	Zip: 33684 Country: USA

4. FEI Number: 59-3624072 ☐ 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
SHINER, LAUREN ~~3710 GREENERY COURT~~ 12304 Paddock Ave TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President DIANE Roche RSCJ DIR 3233 ICNA-PP St. St Louis MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lauren Shiner DIR 12304 Paddock Ave TAMPA 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rebecca W. Shiner Secretary / Treas DIR 2507 Buckhorn Run Valrico FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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 Secured _____ 4.16.01 813 9631251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5.14.01