Aug 21, 2001 8:00 am Secretary of State

08-21-2001 90009 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

P00000000351

DOCUMENT # 1. Entity Name

I G & ASSOCIATES INTERNATIONAL, INC

Principal Place of Business

Mailing Address

15929 MYSTIC WAY TAMPA FL 33624

Suite, Apt. #, etc

15929 MYSTIC WAY

TAMPA FL 33624

2. Principal Place of Business 4021

N. ARMENIA

3. Mailing Address

MUSTICA

City & State

Suite, Apt. #, etc.

60075401



DO NOT WRITE IN THIS SPACE

City & State

#

Country

4. FEI Number 5936

5. Certificate of Status Desired

\$8.75 Additional

Applied For Not Applicable

HUSBOROUG 6. Name and Address of Current Registered Agent

4 (USBOROUG

Name

Fee Required 7._Name and Address of New Registered Agent ______

GOETZ, MICHAEL J 15929 MYSTIC WAY **TAMPA FL 33624**

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

City

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.

Delete

SIGNATURE

11.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

GOETZ, MICHAEL J

15929 MYSTIC WAY

TAMPA FL 33624

FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-7IF

PRESIDENT TITLE PATRICIA J GOETZ NAME 5929 MYSTIC WAY STREET ADDRESS CITY-ST-ZIP

TA-PA, F1. 3362

MILCTOR MICHAEL GOETZ

Change

DATE

☐ Addition

☐ Addition

Addition

☐ Addition

□ Change → □ Addition

☐ Change

☐ Chance

☐ Chance

Addition

TITLE NAME BRADSHAW, STEPHEN T STREET ADDRESS CITY-ST-ZIF

4116 COPPER CANYON BOULEVARD Valrico FL 33594 TITLE NAME

STREET ADDRESS CITY-ST-ZIP ☐ Defete

STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete NAME

CITY-ST-ZIP TITLE ☐ Delete NAME

STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

1 G & Associates, Inc

4021 N. Armenia Ave. #203

Tampa, Fl. 33607

Phone: 813-879-4789

Cell: 813-245-2692

Fax: 813-879-4528

mgoety4@hotmailrom

P0000000351

CODITHUI

: August 16, 2001

To Whom ilt May Concern,

I just received the first notification of our (IBR filing request. After calling my tax accountant to verify the document he informed me that I should have received it back in January and that the fee should be \$150 (one hundred fifty dollars). I placed a call to your office and was instructed to write a letter stating these facts and enclose a check for the fee of \$150 (one hundred fifty dollars), which I have done.

I hope this is satisfactory and thank you for your assistance. Please feel free to contact me with any questions.

Sincerely,

Michael J Goetz

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