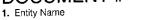
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000019015 **DOCUMENT #**





FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90130 032 ***150.00

Entity Name IATTA, INC.							01-16-2003 90130 032 ***150.00					
rincipal Place of Business 0001 N DALE MABRY TAMPA FL 33634			5025 T/	Mailing Address 5025 TAMPA ROAD OLDSMAR FL 34677								
. Principal Pla	ace of Busin	ness	3. Mailir	3. Mailing Address						<u> </u>	1))	
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City 8	City & State			4. F	59-3700657		Not	lied For Applicable	
Zip Countrý		Zip	Zip C		1 **		certificate of Status Desired	L Fe	8.75 Addit			
6. Name and Address of Currer			ent Registered	t Registered Agent			7. Name and Address of New Registered Agent					
PETRUS, V						Name Street Address	s (P.O. B	ox Number is Not Acceptable)				
5025 TAMF										·		
OLDSMAR		7										
						City		ent, or both, in the State of Flor	FL	Zip Code	1	
FI	ILE NOW	d or printed name of registered and or printed name of registered and the second secon	.00	icable. (NC	DTE: Registere	ed Agent signature requ	<u> </u>	9. Election Campaign Fine Trust Fund Contribution	ı. 🗆	Ádded	O May Be to Fees	
10.			AND DIRECTO	RS	11.		AC	DOITIONS/CHANGES TO OFFI				
TITLE NAME STREET ADDRESS	'5025 TA	, WALID S MPA ROAD		☐ Delete						Change	Addition	
CITY-ST-ZIP TITLE	VD	<u>IR FL 34677</u>		☐ Delete	TIT	I				Change	Addition {	
NAME STREET ADDRESS	5025 TA	, raed s Mpa road	- *	س سے سم	STI	REET ADDRESS Y-ST-ZIP		ميك بعداد بيند داك بيستهد	سم يني يود	، بہد		
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OLDSMA	AR FL 34677		☐ Delete	TIT NA ST	LE Me Reet address TY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NA ST	TLE IME REET ADDRESS TY-ST-ZIP				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	Ni Si Ci	TLE AME FREET ADDRESS ITY-ST-ZIP				☐ Change	Addition	
12. I hereby	certify that	the information supplie	d with this filing	g does not qualify d accurate and th	for the e at my sign	xemption stated in nature shall have	in Section	n 119.07(3)(i), Florida Statutes, e legal effect as if made under	I further cer oath; that I a ne appears i	tilly that the am an office n Block 10 c	mormation r or director or Block 11 if	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SICHATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR