2002 UNIFORM BUSINESS REPORT (UBR)

P01000045105

DOCUMENT #

1. Entity Name

FILED Jun 03, 2002 8:00 am Secretary of State

05-03-2002 90028 024 ***150.00

IONA STEA	khouse, inc.							
al Place of Busin	ess	Mailing Address 6462 CENTRAL AVE. ST. PETERSBURG FL 33707			. 80	102	İ	
Tersburg FL 33	1707							
Principal Place of Business 3. Mailing Address								
Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	-	
State		City & State		4.	. FEI Number		Applied For	\Box
		Zip Country		5.	5. Certificate of Status Desired S8.75 Additional			ole
5. Name and Address of Current Registered Agent				7.	Name and Address of New Registered	Fee Requ	ired	
MAI ONEY JOHN I			Name	Name Name				
3862 CENTRAL AVE.			Street	Street Address (P.O. Box Number is Abs Acceptable)				
LIGIODONG I	L 33/11							\dashv
			City			7:00		_
ove named entit	y submits this statement for t	he purpose of changing its r	oniotorod effice			. Zip Co		-
		t harboard or promitable (co.)	aAistatAC OUICB	or registered ac	gent, or both, in the State of Florida.			7
Signature, typed	Of printed name of registered account							
		1 little il applicable. (NOTE:	Registered Agent sign	ature required when n	reinstating) DATE			-
Prporation is eligi Na requirement a	ble to satisfy its intangible	FILE NOW!!! FEE IS \$150,00		.00				-{
		After May 1, 2002 Fee will be \$550.00		550.00	10. Election Campaign Financing	\$5.0	OO May Be	1
		PECTODO			<u>.</u>	Adde	d to Fees	
D	S. HOLHO AND DI			AD	DOITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	┥
# SUTTON, I	ROBERT	C) Delette						18
GTREET ADDRESS 6462 CENTRAL AVE.								9
	SBURG FL 33707		CITY-ST-ZIP	}				E034 (9/01
		☐ Delete	TITLE					ĮΨ
SUITON, S	SAMUEL		NAME	•	·	Change	Addition	8
TW 11. UU	EAN BLVD., #1507 REACH EL 22000		STREET ADDRESS					1
	LL/NOTI FL.33002 * - /_	<u> </u>	_CITY-ST-ZIP		<u></u>			
SCHALER-	MICHAFI	L.I Delete	TITLE			Change	C Addition	-
450 TIMBE	RLANE DR.		STREET ADDRESS	4024		~		
	BAPIACE OF BUSING FL 33 IPACE OF BUSING FL 34 IPACE OF BUSING FL 3	Ipal Place of Business Apt. #, etc. State Country B. Name and Address of Current F DNEY, JOHN L CENTRAL AVE. ETERSBURG FL 33711 Over named entity submits this statement for the statement and elects to do so. Interior on back) OFFICERS AND DI SUTTON, ROBERT 6462 CENTRAL AVE. ST. PETERSBURG FL 33707 D SUTTON, SAMUEL 405 N. OCEAN BLVD., #1507 POMPANO BEACH FL 33062 D SCHALER-MICHAFI	Apt. #, etc. Suite, Apt. #, etc. Country B. Name and Address of Current Registered Agent CENTRAL AVE. ETERSBURG FL 33711 CENTRAL AVE. Signature, typed or printed name of registered agent and little if applicable. Corporation is eligible to satisfy its intangible agent and ack) OFFICERS AND DIRECTORS D. SUTTON, ROBERT 6462 CENTRAL AVE. ST. PETERSBURG FL 33707 D. SUTTON, SAMUEL 405 N. OCEAN BLVD., #1507 POMPANO BEACH FL 33062 D. CENTRAL AVE. D. CEN	Bel Place of Business ENTRAL AVE. ENTRAL AVE. ST. PETERSBURG FL 33707 Sality Place of Business 3. Mailing Address 4. Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Clay & State Country 7. December Agent Country 8. Name and Address of Current Registered Agent NEY, JOHN L CENTRAL AVE. ETERSBURG FL 33711 City City Cove named entity submits this statement for the purpose of changing its registered office Sopreture, hyped or prived name of registered agent and able if applicable. (NOTE: Registered Agent sign (NOTE: Registered Agent sign After May 1, 2002 Fee will be \$ Make Check Payable to Department OFFICERS AND DIRECTORS 7. DETERSBURG FL 33707 Delete Delete TITLE MAME STRET ADDRESS POMPANO BEACH FL 33062 DECEMBER AND CORES CITY-ST-ZIP DECEMBER AND CORES POMPANO BEACH FL 33062 DECEMBER AND CORES CITY-ST-ZIP COUNTRY CARD THERED AND CORES CITY-ST-ZIP COUNTRY COUN	Bel Place of Business ENTRAL AVE. SERTRAL AVE. SERTRAL AVE. SERTRAL AVE. ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 ST. Mailing Address J. Mailing A	Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS State Of Clay & State Country Zip Country S. Certificate of Status Desired B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Disc. Street Address (P.O. Box Number is Not Acceptable) ETERSBURG FL 33711 Cover named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ESpecially, its pigible to sallsty its Intangible agent end at the 4 explanation. (NOTE Registered Agent and or back) Provious in singiple to sallsty its Intangible agent end at the 4 explanation. (NOTE Registered Agent and address of New Registered Disc. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SIRET ADDRESS SIRET	al Place of Business EMTRAL AVE EMERGE FL 33707 ST. PETERSBURG FL 33707 State Country Country Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Cartificate of Status Desired Status Des	Apl # not of Business ENTRAL AVE ERRSBURG FL 33707 Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Cay & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent NNEY, JOHN L CENTRAL AVE ETERSBURG FL 33711 Cay Street Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Cay Street Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Covo named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Cay FL Zip Code Cay Cay FL Zip Code Cay FL Cay Cay FL Cay Cay FL Cay Cay FL Cay

NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP PORT DRANGE TITLE Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytene Phone #