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(9/01)

CR2E034

## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

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otherllike empowered.

ME OF SIGNING OFFICER OR DIRECTOR

## Apr 17, 2002 8:00 am Secretary of State P01000089459 DOCUMENT # 1. Entity Name 04-17-2002 90081 002 \*\*\*150.00 INTERNATIONAL ASSOCIATES LIMITED, INC. Principal Place of Business Mailing Address 5650 MARIE DRIVE 5650 MARIE DRIVE ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business Apiling Address 15733 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ite. Apt. #, etc MMOIAR City & State City & State 4. FEI Number Applied For EAOWATER Not Applicable Čountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, LAWRENCE P. ... Street Address (P.O. Box Number is Not Acceptable) 5650 MARIE DRIVE ZEPHYRHILLS FL 33541 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State \* OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change Addition ☐ Delete NAME PARKER, LAWRENCE P NAME STREET ADDRESS 5650 MARIE DRIVE STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if