

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-14-2003 90224 016 ***150.00

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1. Entity Name
INTERNATIONAL ASSOCIATES LIMITED, INC.



Principal Place of Business
**15733 FAIRCHILD DR
HANGAR #1
CLEARWATER FL 33762**

Mailing Address
**PO BOX 7503
WESLEY CHAPEL FL 33543-7503**

2. Principal Place of Business
**5524 Foxtail Ct.
Suite, Apt. #, etc.
Wesley Chapel
City & State
33544**

3. Mailing Address
**Same as above
Suite, Apt. #, etc.
City & State**

4. FEI Number **APPLIED FOR** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, LAWRENCE P
5650 MARIE DRIVE
ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PARKER, LAWRENCE P**
STREET ADDRESS **5524 FOXTAIL CT**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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

3/18/03
Date

813-994-7030
Daytime Phone #

CR2E034 (10/02)