

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90053 007 ***150.00

DOCUMENT # P01000094765

1. Entity Name
IHP MARKETING, INC.



Principal Place of Business
**6950 BRYAN DAIRY RD
LARGO FL 33777**

Mailing Address
**6950 BRYAN DAIRY RD
LARGO FL 33777**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

35-210-2635
59-2606292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEKHARAM, KOTHA S
6950 BRYAN DAIRY RD
LARGO FL 33777**

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DE	<input type="checkbox"/> Delete
NAME	SEBHAUM, KORENA	
STREET ADDRESS	6950 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VP CFO	<input type="checkbox"/> Delete
NAME	DORE-FALCONE, CAROL	
STREET ADDRESS	6950 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	DCO	<input type="checkbox"/> Delete
NAME	TANEJA, MINIR	
STREET ADDRESS	6950 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEKHARAM, KOTHA S	
STREET ADDRESS	6950 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	VP CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORE-FALCONE, CAROL	
STREET ADDRESS	6950 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	DCO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANEJA, MINIR	
STREET ADDRESS	6950 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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

Date

Daytime Phone #

CR2E034 (10/02)