

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90650 046 \*\*\*150.00

**DOCUMENT # P01000117379**

**1. Entity Name**  
**INTERNATIONAL APPROVED SERVICES, INC.**



**Principal Place of Business**  
**1333 FLORIDA MALL AVE**  
**ORLANDO FL 32809**

**Mailing Address**  
**1333 FLORIDA MALL AVE**  
**ORLANDO FL 32809**

**2. Principal Place of Business**

**1015 Whispering Cypress Ln**

**Suite, Apt. #, etc.**

**Orlando FL 32824**

**3. Mailing Address**

**1015 Whispering Cypress Ln**

**Suite, Apt. #, etc.**

**Orlando FL 32824**



☐ CHECK HERE IF MAKING CHANGES

**City & State** **City & State** **4. FEI Number** **01-0551912** **Applied For**  
**Not Applicable**

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

**32824** **Orange**

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, MILDRED**  
**1333 FLORIDA MALL AVE**  
**ORLANDO FL 32809**

**7. Name and Address of New Registered Agent**

**Name** **Mildred Rodriguez**  
**Street Address (P.O. Box Number is Not Acceptable)** **1015 Whispering Cypress Ln**  
**City** **Orlando** **FL** **Zip Code** **32824**

**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, name 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS** **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>RODRIGUEZ, MILDRED</b> <b>1333 FLORIDA MALL AVE</b> <b>ORLANDO FL 32809</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>RODRIGUEZ, MILDRED.</b> <b>1015 Whispering Cypress Ln</b> <b>Orlando FL 32824</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 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:** **REQUIRED** **04-14-03** **Date** **Daytime Phone #**

CR2E034 (10/02)