## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P93000001429** May 22, 2000 8:00 am 1. Entity Name Secretary of State INTERNATIONAL ACCOUNTING GROUP, INC. 05-22-2000 90153 014 \*\*\*150.00 Principal Place of Business Mailing Address -128-N SWINTON AVE 408 N SWINTON AVE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444-2634 ШS 2. Principal Place of Business 3. Mailing Address 6504 Contempo 6504 CONTEMPS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number RATON 65-0387748 Not Applicable \$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 Name SIMMS, RJ treet Address (P.O. Box Number is Not Acceptable) 488 N SWINTON AVE **BELRAY BEACH FL 33444** 8. The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature; typed or printed name of registered agent and title if applicable ... (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.; OFFICERS AND DIRECTORS 12. **Change** PD TITLE Addition ☐ Delete TITLE SIMMS RJ NAME NAME STREET ADDRESS 6504 STREET ADDRESS 438 N SWINTON AVE CONTEMPO LN CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE 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-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen, with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/00

561-368-3404

Daytime Phone #