## 2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am Secretary of State DOCUMENT # P93000008194 04-18-2001 90032 037 \*\*\*150 00 INTERNATIONAL BROKERAGE AND SURPLUS LINES, INC. Mailing Address 120 ÉAST PINE ST 120 EAST PINE ST 45272 SUITE 11 SUITE 11 LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 59-3165272 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLYDE J. HOLLIDAY (IV) TIL Street Address (P.O. Box Number is Not Acceptable) 120 EAST PINE ST SUITE 11 LAKEAND FL 33801 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. Singular byned or printed name of registered agent and little 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. PRESIDENT Drive (10/00) ☐ Delete TITLE TITLE HOLLIDAY, CLYDE J IV NAME NAME 1640 CLARENDON AVE STREET ADDRESS STREET ADDRESS Tallahassee, F/ 32308 LAKELAND FL 33803 CITY-ST-ZIP CITY-ST-ZIP Addition TILE ☐ Delete SECRETARY. TITLE HOLLIĎAY: CLYDE J III 653 Hunters Run Blud NAME NAME 3341 IMPERIAL LANE STREET ADORESS STREET ADDRESS LAKELAND, Florida 33809 TIZEASURER Change LAKELAND FL 33813 CITY-ST-7IP CITY-ST-ZIP Addition mir TITLE! WALE MAME Some As Above -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITECTOR ☐ Change ☐ Addition Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS 3809 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE 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 as 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 rejectiver 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

FILED