

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 93000069543

1. Entity Name

THE INFORMATION AUTHORITY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 MAITLAND CTR. PKWY

3. Mailing Address

Suite, Apt. #, etc.

330

Suite, Apt. #, etc.

City & State

MAITLAND

City & State

Zip

32751

Country

U.S.

Zip

Country

4. FEI Number

59-3225202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

IVAN M. COLOMBIER

Street Address (P.O. Box Number is Not Acceptable)

2600-MAITLAND-CENTER-PARKWAY

SUITE 330

City

MAITLAND

FL

Zip Code

32751

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

FRANCO, JOSE LUIS

2600 MAITLAND CENTER PKWY.
MAITLAND, FLA. 32751

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

700005452217--561

-05/06/02--01023--026

*****61.25 *****61.25

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

COLOMBIER, IVAN

2600 MAITLAND CENTER PKWY.
MAITLAND, FLA. 32751

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE LUIS FRANCO

3/16/02

385 801 3673

Date

Daytime Phone #

CR2E034B (12/01)