

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025090

1. Entity Name

IAD CAPITAL CORP.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90020 016 ***150.00

Principal Place of Business

2890 PALM BCH BLVD.
 FT MYERS FL 33916
 US

Mailing Address

2890 PALM BCH BLVD.
 FT MYERS FL 33916-1511
 US

2. Principal Place of Business

3131 E. RIVERSIDE DR.
 Suite, Apt. #, etc.

3. Mailing Address

3131 E. RIVERSIDE DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS FL
 Zip 33916 Country USA

City & State

FT. MYERS, FL
 Zip 33916 Country USA

4. FEI Number

65-0480204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ATTREE, RUSSELL
 2890 PALM BCH BLVD.
 FT MYERS FL 33916

7. Name and Address of New Registered Agent

Name

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

3131 E. RIVERSIDE DR

City

FT. MYERS, FL 33916

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD ☐ Delete
 NAME ATTREE, RUSS
 STREET ADDRESS 2890 PAM BCH BLVD
 CITY-ST-ZIP FT MYERS FL 33916

TITLE SD ☐ Delete
 NAME ATTREE, JULIAN
 STREET ADDRESS 2890 PALM BCH BLVD
 CITY-ST-ZIP FT MYERS FL 33916

TITLE D ☐ Delete
 NAME ATTREE, PETER
 STREET ADDRESS 2890 PALM BCH BLVD.
 CITY-ST-ZIP FT MYERS FL 33916

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3131 E. RIVERSIDE DR
 CITY-ST-ZIP FT MYERS, FL 33916

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3131 E. RIVERSIDE DR
 CITY-ST-ZIP FT. MYERS, FL 33916

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3131 E. RIVERSIDE DR
 CITY-ST-ZIP FT. MYERS FL 33916

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

RUSSELL ATTREE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
 Date

4/27/00
 Daytime Phone #