

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90182 016 ***150.00

0135703 AT

DOCUMENT # P95000067137

1. Entity Name
INTERNATIONAL HOME BUSINESS ASSOCIATION, INC.



Principal Place of Business
**8557 KING STREET
SEMINOLE FL 34642**

Mailing Address
**POST OFFICE BOX 3570
SEMINOLE FL 33775**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0604155**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, MARY C
8557 KING STREET
SEMINOLE FL 34642**

Name

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

City

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MARTIN, MARY C**
CITY-ST-ZIP **8557 KING STREET
SEMINOLE FL 34642**

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

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MARTIN, MARY I**
CITY-ST-ZIP **8557 KING STREET
SEMINOLE FL 34642**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MARTIN, JOSEPH J. JR.**
CITY-ST-ZIP **8557 KING ST
SEMINOLE FL 33772**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MARTIN, JOSEPH J**
CITY-ST-ZIP **8557 KING ST
SEMINOLE FL 33772**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 667, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment

Thursday, August 28, 2003 America Online: IHBAINC

80142485
P95000067137

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN

ENCLOSED FIND THE STATE FORM AND THE CHECK FOR \$150.00. I HAD NOT PREVIOUSLY
RECEIVED THIS FORM UNTIL NOW.
MY WIFE WAS HURT AND WE WERE UP NORTH FOR 2 MONTHS WITH A FRACTURED HIP.
I FOUND NO FORM IN THE MAIL, UNTIL THIS ONE ARRIVED.

THANK YOU FOR YOUR ATTENTION

SINCERELY YOURS


JOSEPH J. MARTIN
INTERNATIONAL HOME BUSINESS ASSOCIATION INC.
65 0604 155