

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90277 037 ***158.75

DOCUMENT # **P96000032854** ✓

1. Entity Name

**INTERNATIONAL ASSESSMENT
INSTITUTE INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**600 Cleveland Street
Suite 900**

3. Mailing Address

533 BAYWOOD DR S.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

DUNEDIN FL

4. FEI Number

59 3375 754

Applied For

Not Applicable

Zip

33755

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTHONY W. MITCHELL

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

533 BAYWOOD DRIVE South

City

DUNEDIN

FL

Zip Code

34698

**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 (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
**ANTHONY W MITCHELL
PRESIDENTS P/D
533 BAYWOOD DRIVE South
DUNEDIN FL 34698**

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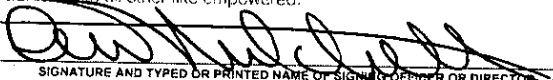
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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

A.W. MITCHELL

4-25-02 727.733.0438

Date

Daytime Phone #

CR2E034B (12/01)