

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012015

1. Entity Name

INTERNATIONAL ENTERPRISE DEVELOPMENT, INC.

Principal Place of Business

6260 N OCEAN BLVD
OCEAN RIDGE FL 33435
US

Mailing Address

6260 N OCEAN BLVD
OCEAN RIDGE FL 33435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0726010

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

LAINE, TAMARA
6260 N OCEAN BLVD
OCEAN RIDGE FL 33435

Name LAINE, TAMARA
Street Address (P.O. Box Number is Not Acceptable)
6260 N. OCEAN BLVD
OCEAN RIDGE, FL
City FL Zip Code 33435

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

Tamara Laine

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ALLISON, LYNN LEIBER DR.
STREET ADDRESS 6260 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE 'LAINE, TAMARA, V ☒ Change ☐ Addition
NAME
STREET ADDRESS 6260 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE EV ☒ Delete
NAME LAINE, TAMARA
STREET ADDRESS 6260 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL 33435

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

M. Lynn Leiber Dr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

861 7421234

Daytime Phone #

528187



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)