

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

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

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

City

FL 29435

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP | P ALLISON, LYNN LEIBER DR. 6260 N. OCEAN BLVD. OCEAN RIDGE FL 33435 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 'LAINE, TAMARA, V 6260 N. OCEAN BLVD. OCEAN RIDGE, FL 29435 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV LAINE, TAMORA 6260 N OCEAN BLVD OCEAN RIDGE FL 33435 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: *J. Lynn Leiber Allison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

861 742 1234

Daytime Phone #

CR2E034 (10/00)

0308250