

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091799

1. Entity Name  
INTERNATIONAL RESEARCH AND DEVELOPMENT, INC.

FILED  
May 20, 2000 8:00 am  
Secretary of State

05-20-2000 90007 012 \*\*\*150.00

Principal Place of Business  
1506 Prudential Dr., #102  
Jacksonville, FL 32207

Mailing Address  
8535 Baymeadows Road  
Suite 3-102  
Jacksonville, FL 32256

DUUD100J

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
59-3506345

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MOTOLAW, Inc.  
50 North Laura Street  
Suite 2750  
Jacksonville, FL 32202

7. Name and Address of New Registered Agent  
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.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Jr., Glenn E		NAME	Miller, Glenn E., Jr.	
STREET ADDRESS	1506 Prudential Drive, #102		STREET ADDRESS	8535 Baymeadows Rd, Suite 3-102	
CITY-ST-ZIP	Jacksonville, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	STV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Catlett, James J.	
STREET ADDRESS			STREET ADDRESS	1506 Prudential Dr., Suite 102	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Glenn E. Miller, Jr. President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: May 4, 2000  
Daytime Phone #: 967-2303