

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90217 048 ***150.00

DOCUMENT # P990000010616
1. Entity Name International Adventure Network, Inc.

Principal Place of Business 1017 Union Street
 Clearwater, FL 33755
Mailing Address 1017 Union Street
 Clearwater, FL 33755

2. Principal Place of Business 1017 Union Street
 Suite, Apt. #, etc.
3. Mailing Address 1017 Union Street
 Suite, Apt. #, etc.

City & State Clearwater, Florida
Zip 33755
Country U.S.A.
City & State Clearwater, Florida
Zip 33755
Country U.S.A.

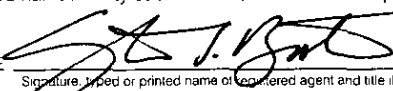
4. FEI Number 65-0892059
Applied For ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Steven T. Booth
 1017 Union Street
 Clearwater, FL 33755

7. Name and Address of New Registered Agent
Name Steven T. Booth
Street Address (P.O. Box Number is Not Acceptable) 1017 Union Street
City Clearwater **FL** **Zip Code** 33755

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** Steven T. Booth **DATE** 4/24/00
 (NOTE: Registered Agent signature required when reinstating)

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

TITLE President NAME Simon Swain STREET ADDRESS 520 Sandy Creek Drive CITY-ST-ZIP Brandon, FL 33511	<input type="checkbox"/> Delete
TITLE Vice President NAME Steven T. Booth STREET ADDRESS 1017 Union Street CITY-ST-ZIP Clearwater, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Steven T. Booth **Date** 4/24/00 **Daytime Phone #** 727-461-3921

CR2E034 (9/99)