

FOR PROFIT CORPORATION (2004) UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000016311**

1. Entity Name

THE IZM GROUP INC



FILED

04 JUN 22 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

353 22 AVE SE

3. Mailing Address

PO BOX 1580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST Petersburg, FL

Zip

33705

Country

USA

Zip

33731

Country

USA

4. FEI Number

59-3557822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LEE ELLIOT

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

353 22 AVE SE

City

ST. PETERSBURG

FL

Zip Code

33705

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/16/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.T.O
NAME	ELLIOT LEE
STREET ADDRESS	353 22ND AVE SE
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705
TITLE	E-VP-D
NAME	MILLER I.R.
STREET ADDRESS	353 22ND AVE SE
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRMILLER

E-V-PRESIDENT

Date

Daytime Phone #

4/30/04 (77)896-3236

CR2E034B (12/02)

Roy M. Magruder, CPA & CFE
10670 43 rd Street North - #203
Clearwater, FL 33762
(727) 592-0023

April 30, 2004

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
ATTEN: Justin M. Shivers
Letter # 104A00027401

Dear Mr. Shivers,

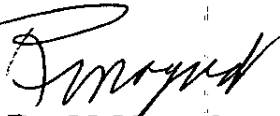
My client The iam Group, Inc. received (copy attached) of above referenced letter regarding their 2003 Uniform Business Report. I believe you are wrong in that we have a canceled check from your department paying this tax. I have enclosed a front and back copy of check #1026, cashed by Department of State on April 28, 2003.

I am also enclosing this years 2004, Uniform Business Report , with a check in the amount of \$150.00 in payment of the 2004 report.

Please correct your records and send reinstatement to the client at their current address P. O. Box 1580, St. Petersburg, FL 33731.

Your prompt attention to this matter will be appreciated.

Yours truly,



Roy M. Magruder

encl:5

cc: The iam Group, Inc.