

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90033 024 \*\*\*158.75

**DOCUMENT.#** P99000037045  
**1. Entity Name**  
INTERNATIONAL ASSOCIATION OF PROFESSIONALS, INC**Principal Place of Business**  
2287 W EAU GALIE BLVD  
SUITE B  
MELBOURNE, FL 32935-3184  
**Mailing Address**  
2287 W EAU GALIE BLVD  
SUITE B  
MELBOURNE, FL 32935-3184**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**

59-3571711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FRESE, GARY B.  
930 S. HARBOR CITY BLVD, STE 505  
MELBOURNE, FL 32901**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, 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D. AUFF, GEORGE C	2287 W. EAU GALIE BLVD STE B	MELBOURNE, FL 32935-3184	<input type="checkbox"/>
	D. HIGGINS, ROBERT	2287 W. EAU GALIE BLVD STE B	MELBOURNE, FL 32935-3184	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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

ROBERT M. HIGGINS

Date

4/16/2001 321-752-7400 X103

Daytime Phone #

CR2E034 (11/00)