2002 UNIFORM BUSINESS REPORT (UBR)

| DOCU 1. Entity Nan FLORIDA | ne | # P99000 BY IPA, INC. | 0062988 | | | | Secre 02-21-2 | etar | y o | f St | ate |
|---|--|--|--|---|--|----------------------|---|------------------------------|------------------------------|-----------------------|--------------------------------|
| Principal Place of Business 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO FL 32801 | | | Mailing Address 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO FL 32801 | | | | | 111 11 11 13 1 | | | |
| 2. Principal F | Place of Busir | ness | 3. Mailing Address | | | | | { | IA To ald t al | i I | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | | City & State | | | 4. | FEI Number 59-3632 | 616 | • | ⊢ | pplied For ot Applicable |
| Zip | Zip Country | | Zip | Zip Coun | | 5. | Certificate of Status Desi | ed [| | 8.75 Ad ee Require | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| A.G.C. CO. 200 SOUTH ORANGE AVE. SUITE 2300 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | FL 32801 | | | City | | | | FL | Zip Cod | de | |
| 8. The above | named entit | y submits this statement for th | ne purpose of changing its | register | l ed office or regi | istered aç | gent, or both, in the State | of Florida. | · <u>-</u> | <u> </u> | |
| SIGNATURE . | Signature, typed | or printed name of registered agent and | title if applicable. (NOT- | E: Registere | ed Agent signature red | uired when r | einstating) | | DATE | | |
| Tax filing | _ | ible to satisfy its Intangible and elects to do so. | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of S | | | | 10. Election Campaig Trust Fund Contri | | ng 🗆 | | 00 May Be d to Fees |
| 11. | | OFFICERS AND DE | RECTORS | 12. | | Α[| J DDITIONS/CHANGES TO | OFFICER | S AND D | HECTOR | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | E, DENNIS DDWORD ST FL 32803 | ☐ Delete - | | | | | | [| ☐ Change | ☐ Addition . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | JULIO ITH MILLS AVE FL 32803 | ☐ Delete | | I . | · | | | [| Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KALSER, (11W COLI ORLANDO | GARY | _ Delete | | ļ - - | | ~ | , <u>.</u> | | □ Change | ☐ Addition. |
| TITLE Name Street address City-St-Zip | 521 WEST | CHARLES N SR. 434 SUITE 301 DD FL 32750 | ☐ Delete | | 1 | | | | C | _ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | [| Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | | | ☐ Change | ☐ Addition |
| indicated | on this repor poration or th or on an atta | e information supplied with thit or supplemental report is true receiver or trustee empower chment with an address, with | ie and accurate and that need to execute this report all other like empowered. | ny signa [.] as requi 7 | ture shall have t red by Chapter | he same 607, Flor | legal effect as if made un | der oath; : name app | that I am ears in B | an officer | r or director r Block 12 if |