



Fictitious Name Detail

Fictitious Name

IAS ADMINISTRATIONS CLEARWATER BRANCH OFFICE

Filing Information

Registration Number G97044000264
Status ACTIVE
Filed Date 02/13/1997
Expiration Date 12/31/2012
Current Owners 1
County PINELLAS
Total Pages 3
Events Filed 2
FEI/EIN Number 98-0136014

Mailing Address

P.O. BOX 1230
CLEARWATER, FL 33757

Owner Information

FOUNDATION INT'L MEMBERSHIP SVCS ADMINISTRATIONS
VAN ENGELENWEG 21A
CURACAO-NETHERLANDS ANTILLES, FL
FEI/EIN Number: 98-0136014
Document Number: F96000001900

Document Images

[02/13/1997 -- REGISTRATION](#)

[View image in PDF format](#)

[02/12/2007 -- RENEWAL](#)

[View image in PDF format](#)

[01/29/2002 -- RENEWAL](#)

[View image in PDF format](#)

Note: This is not official record. See documents if question or conflict.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
02-13-97 0006 014 ***80.00
697044000264

1. IAS ADMINISTRATIONS
Fictitious Name to be Registered
CLEARWATER BRANCH OFFICE
 2. 210 SOUTH FORT HARRISON
Mailing Address of Business
- City CLEARWATER, Florida 34616
Zip Code
3. Florida County PINELLAS
 4. FEI Number: 98-0136014

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

- | | | | | | | | |
|----|-----------|-------|----------|----|-----------|-------|----------|
| 1. | _____ | _____ | _____ | 2. | _____ | _____ | _____ |
| | Last | First | M.I. | | Last | First | M.I. |
| | _____ | | | | _____ | | |
| | Address | | | | Address | | |
| | _____ | | | | _____ | | |
| | City | State | Zip Code | | City | State | Zip Code |
| | SS# _____ | | | | SS# _____ | | |

B. ~~Owner(s)~~ of Fictitious Name If other than an individual: (Use attachment if necessary):

- | | | | |
|----|---|---|--|
| 1. | <u>FOUNDATION INTERNATIONAL MEMBERSHIP</u>
<u>SERVICES ADMINISTRATIONS</u> | 2. | _____ |
| | Entity Name | | Entity Name |
| | <u>VAN ENGELENWEG 21A</u> | | _____ |
| | Address | | Address |
| | <u>CURACAO, NETHERLANDS ANTILLES</u> | | _____ |
| | City | State | Zip Code |
| | Florida Registration Number <u>F96000001900</u> | | Florida Registration Number _____ |
| | FEI Number: <u>98-0136014</u> | | FEI Number: _____ |
| | <input type="checkbox"/> Applied for | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

<u>Joe Cobee</u>	<u>27/1/96</u>	_____	_____
Signature of <u>SECRETARY</u>	Date	Signature of Owner	Date
Phone Number: <u>(813) 445-4309</u>		Phone Number: _____	

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

_____	_____	_____	_____
Signature of Owner	Date	Signature of Owner	Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
FILING FEE: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (12/95)

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/02**

**FILED
Jan 29, 2002 8:00 am
Secretary of State**

01-29-2002 90086 028 ****60.00
G02999031022

**KATHERINE HARRIS
SECRETARY OF STATE**




FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G97044000264**

1. Name and Mailing Address

0062638 AV **AUTO H6 0 0606 33756-510910

 IAS ADMINISTRATIONS CLEARWATER BRANCH OF
 210 SOUTH FORT HARRISON
 CLEARWATER FL 33756-5109

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address change if applicable:

P.O. Box 1230

Suite, Apt. #, etc.

City State Zip Code
 CLEARWATER FL 33757



B0010823
G97044000264

3. FEI Number 98-0136014	5. County of Principal Place of Business PINELLAS
4. Date Registered 02/13/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$10 Additional Fee Required

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

7. CURRENT OWNER (S)

8. ADDITIONS / CHANGES TO OWNERS

7. CURRENT OWNER (S)		8. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # F96000001900 FEI # 98-0136014 NAME FOUNDATION INT'L MEMBERSHIP SVCS ADMINIS STREET ADDRESS VAN ENGELN WEG 21A CITY-ST-ZIP CURACAO-NETHERLANDS ANTILLESFL	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition

9. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. (At least one signature required)

J. Collier - SECRETARY 23 Jan 2002
 Signature of Owner Date

Signature of Owner Date

Daytime Phone Number: 727-445-4356


Daytime Phone Number: _____

(CR4E003) 9/01

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/07**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90379 042 ****60.00
G07999035698

SECRETARY OF STATE		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
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APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G97044000264**

1. Name and Mailing Address
0077906 01 AT 0.308 **AUTO T5 0 0606 33757-123030
IAS ADMINISTRATIONS CLEARWATER BRANCH OF
P.O. BOX 1230
CLEARWATER FL 33757-1230

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.



90011309
G97044000264

CHECK HERE IF MAKING CHANGES

2. Mailing Address change if applicable:

Suite, Apt. #, etc.

City State Zip Code

3. County of Principal Place of Business PINELLAS	4. Date Registered 02/13/1997
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$10 Additional Fee Required	

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

6. CURRENT OWNER (S)		7. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # F96000001900 FEI # 98-0136014 NAME FOUNDATION INT'L MEMBERSHIP SVCS ADMINIS STREET ADDRESS VAN ENGELWEG 21A CITY - ST - ZIP CURACAO-NETHERLANDS ANTILLESFL	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR4E003 10/06

8. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption contained in section 119, Florida Statutes. (At least one signature required)

Nborah L. ... 27 Jan 2007

Signature of Owner Date Signature of Owner Date