

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90149 013 \*\*\*150.00

**DOCUMENT # 430252**

1. Entity Name  
**IVES ENTERPRISES, INC.**

Principal Place of Business <b>19805 EARLWOOD DR.          JUPITER FL 33458</b>	Mailing Address <b>19805 EARLWOOD DR.          JUPITER FL 34953-2410</b>
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2. Principal Place of Business <b>1799 S.W. IMPORT DR.</b>	3. Mailing Address <b>1799 S.W. IMPORT DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PORT ST. LUCIE, FL.</b>	City & State <b>PORT ST. LUCIE, FL.</b>
Zip <b>34953</b>	Country <b>U.S.A.</b>
Zip <b>34953</b>	Country

4. FEI Number **59-1485843** 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**

**7. Name and Address of New Registered Agent**

**IVES, RAY S  
 19805 EARLWOOD DR.  
 JUPITER FL 33458**

Name **IVES, RAY S.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1799 S.W. IMPORT DRIVE**  
 City **PORT ST. LUCIE** FL Zip Code **34953**

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 *Ray S. Ives* DATE 4-19-2000  
Signature, typed or printed name of registered agent and title if applicable (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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>IVES, RAY S</b> <b>19805 EARLWOOD DR</b> <b>JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GLEMZA, THEODORE P</b> <b>1474 THE 12TH FAIRWAY</b> <b>WELLINGTON FL 33414</b>	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>IVES, RAY S.</b> <b>1799 S.W. IMPORT DRIVE</b> <b>PORT ST. LUCIE, FL. 34953</b>	<input checked="" 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
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

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: *Ray S. Ives* DATE 4-19-2000 DAYTIME PHONE # 561-873-2202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)