

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

04-26-2001 90240 046 ***150.00

DOCUMENT # P00000065729
 1. Entity Name
INTEGRATED PROJECT DELIVERY, INC.

Principal Place of Business Mailing Address
1411 SOUTH ORANGE BLOSSOM TRAIL **1411 SOUTH ORANGE BLOSSOM TRAIL** (P)
ORLANDO FL 32805 **ORLANDO FL 32805**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FET Number 5. Indicate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent
COATS, ROSETTA C Name
1411 SOUTH ORANGE BLOSSOM TRAIL Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32805 City **FL** Zip Code

7. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both in the State of Florida.
 SIGNATURE _____
Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when changing agent.)

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 \$550.00**
After September 14, 2001 Fee will be \$750.00
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	D MATTHEWS, OWEN STROUD 2034 COVE TRAIL MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, WILLIAM 1803 ROSEWOOD DRIVE CLERMONT FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSEA, JOHN WESLY 7209 BRANCH TREE DRIVE ORLANDO FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMAN, ALAN C 222 W. MAITLAND BOULEVARD MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a shareholder, officer, director, or 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, changed, or on an attachment with an address, with all other I am empowered.
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEE ATTACHED



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment 11325
Doc# P00000065789



Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom it may Concern:

Integrated Project Delivery, Inc. wrote you a check for 2001 Uniform Business Report in the amount of \$150.00, dated 16 April 2001. Your office deposited the check on 30 April 2001, meeting your deadline of 1 May 2001. A late fee does not apply here. Copies of the paperwork that accompanied the check are enclosed along with copies of the front and back of our cashed check. Changes and additions were not made to the officer and director list (see enclosed).

Sincerely,

Kenton S. Keiling

Treasurer
Integrated Project Delivery, Inc.

Attachment Doc # P000000165789



11325

INTEGRATED PROJECT DELIVERY INC 09-2000
1411 S Orange Blossom Trail
Orlando, FL 32805

827005

1028

63-215/631

DATE Apr. 16, 01

PAY TO THE ORDER OF Department of State

\$ 150. ⁰⁰/₁₀₀

One hundred fifty and 00/100

DOLLARS

Security features included. Printed on back.

SUNTRUST

SunTrust Bank, Central Florida
South Orlando Office (407) 839-4788
Orlando, FL

FOR 2001 uniform business report

Handwritten initials/signature

⑈001028⑈ ⑆063102152⑆0665825632820⑈ ⑆0000015000⑈

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

APR 25 2001

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USAGE ONLY

107 | 2697

APR 30 01

BANK OF AMERICA, N.A. JAX
100-300000-474 E3886 98-811
04/30/01

65012901
5498-8675
00047700

FEDERAL RESERVE BOARD OF GOVERNORS (FRB, US)
The following security features (and others) not listed exceed industry standards:
 Document appearance (if altered)
 Absence of modification of "Original Document" screen on back of note
 Absence of signature line
 Colored ink on spots applied with chemical application
 Absence of "100" mark, icon
 Padlock icon
Security Feature
Security Screen
Microprint Signature Line
Chemical Application
Padlock Icon

Attachment DOC # P00000065729
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065729
 1. Entity Name
INTEGRATED PROJECT DELIVERY, INC.

Principal Place of Business Mailing Address
1411 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

11325
 [REDACTED]
 DO NOT WRITE IN THIS SPACE
 FEE Number
59-3660820
 Applied For Not Applied For
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COATS, ROSETTA C
1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State 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 printed name of registered agent in title block above. (NOTE: Registered Agent signature required when changing office.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) **FILE NOW!!! FEES \$3150.00**
After MAY 15, 2001 Fee will be \$3500.00 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS			
NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP	NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP
MATTHEWS, OWEN STROUD 2034 COVE TRAIL MAITLAND FL 32751				V.P. Holmes, Bruce 800 Trafalgar Ct Ste 200 Maitland FL 32751			
LAWSON, WILLIAM 1803 ROSEWOOD DRIVE CLERMONT FL 34711				Treas/Asst. Secretary Keiling, Shawn 1918 Kimberwick Circle Oviedo FL 32765			
ELSEA, JOHN WESLY 7209 BRANCH TREE DRIVE ORLANDO FL 32835				Sec. Coats, Rosetta 615 Lakeview Dr Orlando FL 32804			
HELMAN, ALAN C 222 W. MAITLAND BOULEVARD MAITLAND FL 32751							

I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3), Florida Statutes, and 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 in an affidavit and that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature is not being used to change, 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

1/23/01

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DOCUMENT # P0000065729

1. Entity Name
INTEGRATED PROJECT DELIVERY, INC.

Principal Place of Business
**1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

Mailing Address
**1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

11325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

4. FEI Number
59-3660820
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**COATS, ROSETTA C
1411 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

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 of natural printed name of registered agent and title if applicable (NOTE Registered Agents provide required agent information) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

After MAY 1, 2001 Fee **\$150.00**
Make Check Payable to Department of Banking and Finance

10. Existing Campaign Financing **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, OWEN STROUD <input type="checkbox"/> Delete 2034 COVE TRAIL MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, WILLIAM <input type="checkbox"/> Delete 1803 ROSEWOOD DRIVE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSEA, JOHN WESLY <input type="checkbox"/> Delete 7209 BRANCH TREE DRIVE ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMAN, ALAN C <input type="checkbox"/> Delete 222 W. MAITLAND BOULEVARD MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add MATTHEWS, OWEN STROUD Same Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add Helman, Alan C. Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add D Territo, Joe 441 ENTERPRISE STREET Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add See ATTACHED FOR Additions ->

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Owen Matthews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

DATE: _____ SIGNATURE: _____