FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90077 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

135166

DOCUMENT #

1. Entity Name IVAN MUNROE INC.



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
CHECK HERE IF MAKING CHANGES
Zip Country Zip Country Co
Zip Country Zip Country
5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name Name
MUNROE, IVAN
1619 NW RIVER TR. Street Address (P.O. Box Number is Not Acceptable)
STUART FL 34994
OTOMITTE OTOT
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. I am familiar with, and active of the obligation of the purpose of changing its registered agent, or both, in the State of Florida.
the obligations of registered agent.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
DAIE .
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May
After May 1, 2003 Fee will be \$550.00 Make Checit Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fee
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fee 10. OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 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

172-286-3210