

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 373621

1. Entity Name

IBS, INC.

Principal Place of Business

4919 S ORANGE  
#B  
ORLANDO FL 32806  
US

Mailing Address

4919 S ORANGE  
#B  
ORLANDO FL 32806  
US

2. Principal Place of Business

4909 S. ORANGE

Suite, Apt. #, etc.

3. Mailing Address

4909 S. ORANGE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. FEI Number

59-1363146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STALDER, JOHN J.  
4919 S ORANGE AVE  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

STALDER, JOHN J.

Street Address (P.O. Box Number is Not Acceptable)

4909 S. ORANGE AVE

City

ORLANDO

FL

Zip Code

32806

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

*John J. Stalder*, JOHN J. STALDER

3/1/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	PS V,T,S	<input type="checkbox"/> Delete
NAME	STALDER, PATRICIA A	
STREET ADDRESS	4919 S ORANGE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VTS P	<input type="checkbox"/> Delete
NAME	STALDER, JOHN J	
STREET ADDRESS	4949 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	V	<input type="checkbox"/> Delete
NAME	STALDER, CHRISTOPHER J	
STREET ADDRESS	4919 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V,T,S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*John J. Stalder*, JOHN J. STALDER

3/1/01

407/438-4029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90121 007 \*\*\*150.00

00023194



DO NOT WRITE IN THIS SPACE