

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**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**

**00023194**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number

**59-1363146**

Applied For

Not Applicable

Zip

**32806**

Country

**USA**

Zip

**32806**

Country

**USA**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)