

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430252

1. Entity Name

IVES ENTERPRISES, INC.

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

04-24-2000 90149 013 ***150.00

Principal Place of Business

Mailing Address

19805 EARLWOOD DR.
JUPITER FL 33458

19805 EARLWOOD DR.
JUPITER FL 34953-2410

2. Principal Place of Business

1799 S.W. IMPORT DR.

3. Mailing Address

1799 S.W. IMPORT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL.

City & State

PORT ST. LUCIE, FL.

4. FEI Number

59-1485843

Applied For

Not Applicable

Zip

34953

Country

U.S.A.

Zip

34953

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 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 P
NAME IVES, RAY S
STREET ADDRESS 19805 EARLWOOD DR
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE P
NAME IVES, RAY S.
STREET ADDRESS 1799 S.W. IMPORT DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL. 34953 ☒ Change ☐ Addition

TITLE ST
NAME GLEMZA, THEODORE P
STREET ADDRESS 1474 THE 12TH FAIRWAY
CITY-ST-ZIP WELLINGTON FL 33414 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

Date

561-873-2202

Daytime Phone #

CR2E034 (9/99)