

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90513 044 ***150.00

0691949 FP

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1. Entity Name
IVORY TOWER ENTERPRISES, INC.

Principal Place of Business
**1400 S. NOVA RD. #227
DAYTONA BEACH FL 32114**

Mailing Address
**P.O. BOX 4267
S. DAYTONA BEACH FL 32121
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1698850**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip 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

**COCHRANE, GEORGE BRADLEY
1400 S. NOVA RD. #227
DAYTONA BEACH FL 32114**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **VD BRICK, SHERRY E.**
STREET ADDRESS **5500 KINGSWOOD DR.**
CITY-ST-ZIP **ORLANDO FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PCO SCHNIBBEN, SHIRLEY E**
STREET ADDRESS **3408 COUNTRY MANOR DR**
CITY-ST-ZIP **S DAYTONA FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TS JENNE, SALLY E**
STREET ADDRESS **7607 MONCLAIR CT**
CITY-ST-ZIP **LAKE WORTH FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD COCHRANE, THOMAS MICHAEL**
STREET ADDRESS **21 PALM CASTLE DR**
CITY-ST-ZIP **PORT ORANGE FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CCEO COCHRANE, G. BRAD**
STREET ADDRESS **1400 S NOVA RD #227**
CITY-ST-ZIP **DAYTONA BEACH FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD COCHRANE, MARGARET E.**
STREET ADDRESS **1400 SOUTH NOVA ROAD, #226**
CITY-ST-ZIP **DAYTONA BEACH FL**

Change Addition
TITLE **VD**
NAME **COCHRANE, J. BRAD**
STREET ADDRESS **2670 AYA CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(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 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: *G. Brad Cochrane* **G. BRAD COCHRANE** 386-255-7974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)