

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525415

1. Entity Name

INDEPENDENT RESOURCES, INC.

Principal Place of Business

5010 N NEBRASKA AVE. STE 200
BOX 23489 (ZIP 33623)
TAMPA FL 33603

Mailing Address

5010 N NEBRASKA AVE. STE 200
BOX 23489 (ZIP 33623)
TAMPA FL 33603-2339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1721810

Applied For

Not Applicable

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

PATRICK W SKELTON
400 N ASHLEY DR
STE 2300
TAMPA FL 33602

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.

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 PD ☐ Delete
NAME CURBELO, D R SR
STREET ADDRESS 3925 DORAL DRIVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME Chairman of the Board
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME CURBELO, DIANA S
STREET ADDRESS 3925 DORAL DRIVE
CITY-ST-ZIP TAMPA FL

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

TITLE V ☐ Delete
NAME STARLING, JEREMY K.
STREET ADDRESS 48 LAKE PADGETT DR.
CITY-ST-ZIP LAND O'LAKES FL

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

TITLE V ☐ Delete
NAME CURBELO, DAVID
STREET ADDRESS 3942 VEARSAILLES DR.
CITY-ST-ZIP TAMPA FL

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

TITLE V ☐ Delete
NAME LIPMAN, DEBORAH D
STREET ADDRESS 3945 VENETIAN WAY
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition
NAME Curbelo, Deborah D.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIANA S. CURBELO 4/18/00 (813) 237-0945



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)