

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90169 006 ***150.00

DOCUMENT # **F01000002912**



1. Entity Name

Iowa Illinois Partners Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

70 Exec Suites

Suite, Apt. #, etc.

2600 Dodge Street

City & State

Dubuque Ia

Zip

52003

Country

USA

3. Mailing Address

70 Exec Suites

Suite, Apt. #, etc.

2600 Dodge St

City & State

Dubuque Iowa

Zip

52003 1

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

42 1518 224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Penny Oliver

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

15137 Willowood Lane

City

Browksville

FL

Zip Code

13609

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

Penny Oliver

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **Pres.**
NAME **Sally Kahle**
STREET ADDRESS **2040 South Grandview**
CITY-ST-ZIP **Dub. IA 52003**

TITLE **Sec**
NAME **Janet McCoy**
STREET ADDRESS **4232 N Hermitage Ave**
CITY-ST-ZIP **Chicago ILL. 60660**

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**DO NOT WRITE
IN THIS SPACE**

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sally Kahle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/02)