

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 19, 2001 8:00 am
Secretary of State

01-26-2001 90055 037 ***150.00

DOCUMENT # F99000006469

1. Entity Name

I.B.S. OF SOUTH FLORIDA, INC.

Principal Place of Business

400 TRADEPORT BLVD
SUITE 410
ATLANTA GA 30354

Mailing Address

400 TRADEPORT BLVD
SUITE 410
ATLANTA GA 30354

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 58-1434614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKLES, JON
12104 SHADY FOREST DR
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Jerome Simpson

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

9850 Thomas Drive Unit 906W

City

Panama City Beach,

FL

Zip Code

32417

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

Jerome Simpson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/01

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	CP	<input type="checkbox"/> Delete
NAME	SIMPSON, JEROME	
STREET ADDRESS	400 TRADEPORT BLVD SUITE 410	
CITY-ST-ZIP	ATLANTA GA 30354	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEARING, DOROTHY	
STREET ADDRESS	400 TRADEPORT BLVD SUITE 410	
CITY-ST-ZIP	ATLANTA GA 30354	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jerome Simpson
Jerome Simpson, President

01-15-01

Date

404-608-1300

Daytime Phone #

CR2E034 (10/00)