

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90069 018 ***150.00

DOCUMENT # G29000

1. Entity Name
INTERNATIONAL BUSINESS DEVELOPMENT, INC.



Principal Place of Business
**95 SOUTH PINE AVE.
INVERNESS FL 34450-4844
US**

Mailing Address
**P.O. BOX 1871
INVERNESS FL 34451
US**



2. Principal Place of Business
4540 N. LADYBUG DR

3. Mailing Address
4540 N. LADYBUG DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

Zip
34428

Country
USA

Zip
34428

Country
USA

4. FEI Number
59-2835379

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

**DOOLITTLE, ROBERT G.
95 SOUTH PINE AVE.
INVERNESS FL 34450**

Name
Doyle G. Williams

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

4540 N LADYBUG DR

City
CRYSTAL RIVER **FL** Zip Code
34428

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
Doyle G. Williams

28 Feb 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ROBERT G. DOOLITTLE 95 SOUTH PINE AVE. INVERNESS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTIAN ALLHOFF 95 SOUTH PINE AVE. INVERNESS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOYLE G. WILLIAMS 4540 N. LADYBUG DR. CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Feb 2003 352-795-2274

Date

Daytime Phone #

CR2E034 (10/02)