

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91536 001 ***550.00

0433072 AV

DOCUMENT # J98145
 1. Entity Name
IVEY & ASSOCIATES, INC.

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| Principal Place of Business 501 S. FAULKENBURG RD. C-22 TAMPA FL 33619 US | Mailing Address 501 SOUTH FAULKENBURG ROAD C-22 TAMPA FL 33619 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 4503 RIVER OVERLOOK DR. Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 6549 Suite, Apt. #, etc. |
|---|---|

| | |
|------------------------------------|-------------------------------------|
| City & State Valrico, FL | City & State BRANDON, FL. |
| Zip 33594 | Zip 33508 |
| Country US | Country US |

| | |
|--|--|
| 4. FEI Number 59-2851843 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**IVEY, DANIEL COMBS
 17712 CRANBROOK DR
 LUTZ FL 33549**

7. Name and Address of New Registered Agent
 Name **Thomas R. Ivey**
 Street Address (P.O. Box Number is Not Acceptable)
4503 RIVER OVERLOOK DR.
 City **Valrico** **FL** Zip Code **33594**

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 **Thomas R. Ivey, Pres.** DATE **5-14-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PD IVEY, DANIEL COMBS 17712 CRANBROOK DRIVE LUTZ FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD IVEY, DOUGLAS LAMAR 188 WEST CEDARWOOD CIRCLE KISSIMMEE 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 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCM Thomas R. IVEY 4503 RIVER OVERLOOK DR. Valrico, FL. 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |

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: **Thomas R. Ivey** DATE **5/14/02** DAYTIME PHONE # **813-657-0515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)