


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/18/2003-90030-024-\$150.00-\$150.00

**DOCUMENT # J98145**

1. Entity Name  
**IVEY & ASSOCIATES, INC.**



FILED

03 OCT 15 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**4503 RIVER OVERLOOK DR.  
VALRICO FL 33594  
US**

Mailing Address  
**PO BOX 6549  
BRANDON FL 33508  
US**



**REINSTATEMENT 03**

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2851843**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IVEY, THOMAS R  
4503 RIVER OVERLOOK DR.  
LUTZ FL 33549**

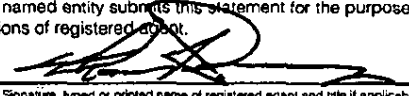
7. Name and Address of New Registered Agent

Name **Thomas R. Ivey**

Street Address (P.O. Box Number is Not Acceptable)  
**4503 RIVER OVERLOOK DRIVE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **9/10/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCM IVEY, THOMAS R 4503 RIVER OVERLOOK DR. VALRICO FL 33594</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD IVEY, DOUGLAS LAMAR 166 WEST CEDARWOOD CIRCLE KISSIMMEE FL</b>	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD IVEY, EFTYHIA 4503 RIVER OVERLOOK DR. VALRICO, FL. 33594</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10/15/03--01007--003 **400.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200023802752 10/15/03--01007--003 **400.00</b>	<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 all addresses with all other like empowered.

SIGNATURE:  DATE **9/10/03** DAYTIME PHONE # **813-657-0515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

9/10/03