

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -9 AM 9:17

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # *NO2000004586*

1. Entity Name

Ivey's Imperial Moss Choir
USA INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2327-18th St So

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13756

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Pete FLA

City & State

St. Pete FLA

Zip

Country

Zip

Country

33712

PINELLAS

33733

PINELLAS

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mervyn J. Ivey, c/o Imperial Moss Choir
USA INC

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

2327-18th St So

City

St. Pete FLA

FL

Zip Code

33712

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. Qualisia V. Ivey</i> <i>2327-18th St So</i> <i>St. Pete. FLA 33712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S. CONTINA D. IVEY</i> <i>2315 S.W. 39th Way Apt. C</i> <i>GAINESVILLE FLA 32607</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P. Renea M. Ivey</i> <i>2327-18th St So</i> <i>St. Pete. FLA 33712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.O. Mervyn J. Ivey</i> <i>2327-18th St So</i> <i>ST PETERSBURG FLA 33712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T. A. BOUZ</i> <i>PO Box 13756</i> <i>St. Pete FLA 33712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000020681950</i> <i>06/09/03--01055--019 **65.21</i>
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mervyn J. Ivey* MERVYN J. IVEY 5-15-03 727-833-7558 727-833-7558 727-867-2906

CR2E037B (12/02)