

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90073 008 ***150.00

DOCUMENT # P00000000881



1. Entity Name
IBEX CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business
**6216 BELLERIVE AVENUE #1703
NAPLES FL 34109**

Mailing Address
**6216 BELLERIVE AVENUE #1703
NAPLES FL 34109**



2. Principal Place of Business
6125 Reserve Circle

3. Mailing Address
6125 Reserve Circle

Suite, Apt. #, etc.
Apt. # 1904

Suite, Apt. #, etc.
Apt. # 1904

City & State
Naples FL

City & State
Naples, FL

Zip
34119

Country

Zip
34119

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3620549**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOTES, KEVIN R ESQ.
5801 PELICAN BAY BLVD
SUITE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
CALLAHAN, EDWARD M JR.
6216 BELLERIVE AVENUE #1703
NAPLES FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6125 Reserve Circle Apt. # 1904
Naples, FL 34119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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☐ Change ☐ 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: **Ed M Callahan** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/02/03

Date

650-799-2282

Daytime Phone #

054175 AV

CR2E034 (10/02)