## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000001692 Aug 04, 2000 8:00 am Secretary of State 1. Entity Name IB3. INC. 08-04-2000 90002 019 \*\*\*158.75 Mailing Address Principal Place of Business 7634 CULBHOUSE EST, DRIVE 7634 CULBHOUSE EST. DRIVE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 7634 Clubbouse Est. Dr. 7634 Clubbouse, Est. DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OrLANDO 59-361 ORLANDO FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2819 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL, JULIANNE Street Address (P.O. Box Number is Not Acceptable) 800 S DILLARD 注意的 WINTER GARDEN FL 34787 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE NAME ICHARD JENSEN 1634 Clubhouse Est. Or. STREET ADDRESS STREET ADDRESS ANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME JANA JENSON 7634 CLABADASE EST. Dr. STREET ADDRESS STREET ADDRESS Ochendo, FL 32819 CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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.

JENSEN July 23, 2000

## attachment P000000 1692 B0104261

a first notice and called 850-488-9000.

They tild me to penish the form and include 15000 with this note.

Thank you