

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000049483**

1. Entity Name

INTERACTIVE BUSINESS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

5901 SUN BLVD., SUITE 102
ST. PETERSBURG FL 337155901 SUN BLVD., SUITE 102
ST. PETERSBURG FL 33715

2. Principal Place of Business

5901 SUN BLVD.

3. Mailing Address

5901 SUN BLVD.

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

SUITE 206

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip
33715

Country

U.S.

Zip
33715

Country

U.S.

4. FEI Number

59-3657749

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANGER, RICHARD
5901 SUN BLVD., SUITE 102
ST. PETERSBURG FL 33715

Name: RICHARD S. GRANGER

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

5901 SUN BLVD. SUITE 206

City ST. PETERSBURG

FL

Zip Code
33715

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CHAIRMAN/CEO	GRANGER, RICHARD S.	5901 SUN BLVD., SUITE 206	ST. PETERSBURG, FL 33715	<input type="checkbox"/>
DIRECTOR/PRESIDENT	DAVID M. BOOS	2600 MCCORMICK DR. SUITE 210	CLEARWATER, FL 34619	<input type="checkbox"/>
DIRECTOR/SECRETARY	GRANGER, SHERRI A.	5901 SUN BLVD., SUITE 206	ST. PETERSBURG, FL 33715	<input type="checkbox"/>
DIRECTOR	DAVIDSON, JAMES	108 N. ALFRED ST.	ALEXANDRIA, VA 22314	<input type="checkbox"/>
DIRECTOR	BEESE, J. JR.	800 17TH ST. NW	WASHINGTON, DC 20006	<input type="checkbox"/>
VP/TREASURER	MCKEON, KEVIN J.	5901 SUN BLVD., SUITE 206	ST. PETERSBURG, FL 33715	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90082 029 ***150.00

00005122



DO NOT WRITE IN THIS SPACE

0363736

CR2E034 (10/00)