## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000067718

**DOCUMENT#** 



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Na	me	00001110		03-03-2003 90965 015 ***150.00
509 GEORG	MCIVER ENTERPRISES, INC.  Principal Place of Business 509 GEORGETOWN PL SAFETY HARBOR FL 34695  2. Principal Place of Business  Suite, Apt. #. etc.  City & State  Zip Country  6. Name and Address of Current  SIBEN, PHILIP M 509 GEORGETOWN PL SAFETY HARBOR FL 34695  3. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of D.  OFFICERS AND INTERPRISES, INC.  PTSV SIBEN, PHILIP M 509 GEORGETOWN PL SAFETY HARBOR FL 34695  TILE  AME IREET ADDRESS TY-ST-ZIP  TILE  MME REET ADDRESS TY-ST-ZIP	Mailing Address 509 GEORGETOWN PL SAFETY HARBOR FL 34695		T I BRITTEN THE BRITT CRITT BRITT BR
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	<u></u>	☐ CHECK HERE IF MAKING CHANGES
City & Sta	te	City & State		4. FEI Number 59-3671101 Applied For Not Applical
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
OIDEN I			Name	
509 GE(	DRGETOWN PL		Street Addr	dress (P.O. Box Number is Not Acceptable)
SAFETY	HARBOR FL 34695			
			City	FL Zip Code
8. The above	e named entity submits this statement for	r the purpose of changing its r	registered office or reg	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Section 1985			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature re	required when reinstating) DATE
Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	SIBEN, PHILIP M 509 GEORGETOWN PL	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITĻE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
STREET ADDRESS	حيوس ن ن سود −	- <u> </u>	NAME STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Additio
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	. Change Additio
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additio
CITY-SI-ZIP TITLE NAME		. □ Delete	CITY-ST-ZIP TITLE	☐ 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. address, with all other like empow

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #