2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State
05-23-2001 90225 022 ***150.00

DOCUMENT # P00000102157

1. Entity Name
IBO, Inc

Principal Place of Business	Mailing Address
2135 Palm Bay Rd Palm Bay FL 32905	2135 Palm Bay Rd Palm Bay FL 32905

- 10252

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
As Above	As Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay Florida	City & State: Palm Bay Florida
Zip: 32905 Country: USA	Zip: 32905 Country: USA

4. FEI Number 59-3679117 ☐ 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
Bayram Sevine 2135 Palm Bay Rd Palm Bay FL 32905	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.

SIGNATURE [signature] (Signature, type 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ibrahim Turkmen 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Bayram Sevinc 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Bayram Sevinc 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Ibrahim Turkmen 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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, Florica 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: x Ibrahim Turkmen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT #

1. Entity Name
IBU, Inc

Principal Place of Business	Mailing Address
2135 Palm Bay Rd Palm Bay FL 32905	2135 Palm Bay Rd Palm Bay FL 32905

10252

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
As Above	As Above
Street Address	Suite, Apt. #, etc.
City & State: Palm Bay Florida	City & State: Palm Bay Florida
Zip: 32905 Country: USA	Zip: 32905 Country: USA

4. FEI Number ☐ 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
Bayram Sevine 2135 Palm Bay Rd Palm Bay FL 32905	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.

SIGNATURE _____ DATE
(If changing name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax requirement and elects to do so. ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
President Ibrahimi Turkmem 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete		☐ Change ☐ Addition
Vice President Bayram Sevine 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete		☐ Change ☐ Addition
Treasurer Bayram Sevine 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete		☐ Change ☐ Addition
Secretary Ibrahimi Turkmem 2135 Palm Bay Rd Palm Bay FL 32905	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102157

1. Entity Name

IBO INC.

Attachment

10252

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1585 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953	1585 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURKMEN, IBRAHIM
1585 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURKMEN, IBRAHIM 1585 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 10252 H P0000002157

PROFESSIONAL ACCOUNTING SERVICES

DOMENIC H. CALICCHIA
Accountant

1520 Bottle Brush Drive N.E., Suite 2-M
Palm Bay, Florida 32905
Office: (321) 951-8878
Fax: (321) 951-3008
Mobile: (407) 676-8018

July 2, 2001

State of Florida
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Uniform Business Report
IBO, Inc.

To Whom It May Concern:

Please find enclosed a copy of a canceled check #534 in the amount of $150.00 in payment of fee. Additionally, there is a copy of the form submitted. Unfortunately the document number was not available at this time, and this may be the reason for the oversight.

Thank you for your attention to this matter.

Very truly yours,

Domenic H Calicchia

Encl: Copy of Check for $150.00
Copy of 2001 Uniform Business Report (UBR)

Attachment 10762 # P00000102157

I B O, INC.
2135 PALM BAY ROAD NE 321-724-0907
PALM BAY, FL 32905

63-8413/2670
3881722249

659579534

DATE 04-23.01

PAY TO THE ORDER OF DEPARMENT OF STATE $ 150.00/100

One Hundred, fifty & 00/100 DOLLARS

Washington Mutual
Washington Mutual Bank, FA
Palm Bay Financial Center 1710
1890 Palm Bay Road NE.
Palm Bay, FL 32905
1-800-788-7000
24 hour Customer Service

MEMO

⑈267084131⑈ 388⑈172224⑈9⑈ 0534 ⑈00001 5000⑈

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MAY 25 01

BANK OF AMERICA,NA JAX
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05/25/01

⑆140686983

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1600068796