

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019466

1. Entity Name
IVAN & IVAN VENTURES, INC.

Principal Place of Business
C/O DESANTIS, GASKILL, SMITH & SHENKMAN PA
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

Mailing Address
C/O DESANTIS, GASKILL, SMITH & SHENKMAN PA
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

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

3. Mailing Address
19938 Wilkinson Lees Rd
Suite, Apt. #, etc.
City & State
Tequesta FL
Zip
33469
Country
Palm Beach

4. FEI Number 65-1106507
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, DONALD R
C/O DESANTIS, GASKILL, SMITH & SHENKMAN PA
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

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 _____
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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DONALD R	
STREET ADDRESS	11891 US HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLAR, JAMES R	
STREET ADDRESS	11891 US HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: James R Kolar 9/6/02 961 262 3966
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-17-2002 90105 029 ***558.75

10440

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)