

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90187 039 \*\*\*158.75

0697808  
FP

**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  
**19938 WILSON LEES RD  
TEQUESTA FL 33469**



2. Principal Place of Business

3. Mailing Address

**15652 19th Terrace N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Palm Beach Gardens, FL**

4. FEI Number **65-1106507**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33418**

**U.S.**

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

**SMITH, DONALD R  
C/O DESANTIS, GASKILL, SMITH & SHENKMAN PA  
11891 US HIGHWAY ONE  
NORTH PALM BEACH FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donald R. Smith**  
Signature, typed or printed name of registered agent and title if applicable.

**Donald R. Smith**  
(NOTE: Registered Agent signature required when reinstating)

**5/1/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SMITH, DONALD R**  
STREET ADDRESS **11891 US HIGHWAY ONE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **P** ☒ Change ☐ Addition  
NAME **Donald R. Smith**  
STREET ADDRESS **11891 US Hwy One**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **D** ☒ Delete  
NAME **KOLAR, JAMES R**  
STREET ADDRESS **11891 US HIGHWAY ONE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **S** ☒ Change ☐ Addition  
NAME **Cynthia Smith**  
STREET ADDRESS **15652 19th Terrace N.**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **Donald R. Smith** **Donald R. Smith** **5/1/03** **(561)622-2700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)