

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90101 032 \*\*\*150.00

**DOCUMENT # P01000035731**

1. Entity Name  
**IEG SERVICES, INC.**

Principal Place of Business

**1298 SW 9 TERRACE  
 BOCA RATON FL 33486**

Mailing Address

**1298 SW 9 TERRACE  
 BOCA RATON FL 33486**



2. Principal Place of Business

**995 SW. 13th DR.**

Suite, Apt. #, etc.

3. Mailing Address

**995 SW. 13th DR.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON FLORIDA**

City & State

**BOCA RATON FLORIDA**

4. FEI Number

**45-1090017**

Applied For

☐ Not Applicable

Zip

**33486**

Country

**FLA 13th DR**

Zip

**33486**

Country

**FLA 13th DR**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, GREGORY S  
 1298 SW 9 TERRACE  
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

**GREGORY S. GRAHAM**

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

**995 SW 13th DR.**

City

**BOCA RATON**

**FL**

Zip Code

**33486**

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

**GREGORY SCOTT GRAHAM (PRESIDENT)**

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

(NOTE: Registered Agent signature required when constituting)

DATE

**1-18-02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, GREGORY SCOTT</b>	
STREET ADDRESS	<b>1298 SW 9 TERRACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, GREGORY SCOTT</b>	
STREET ADDRESS	<b>995 SW. 13th DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
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		
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
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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	

3. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-18-02 (561) 417-4032**

CR2E034 (9/01)