

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0199374 AV

DOCUMENT # P01000039538

1. Entity Name
IFS ASSET RELOCATIONS, INC.



FILED

03 JUN 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9795 NORTHWEST 4TH STREET
CORAL SPRINGS FL 33071

Mailing Address
9795 NORTHWEST 4TH STREET
CORAL SPRINGS FL 33071

Please change

2. Principal Place of Business

Mailing Address

7800 University Dr. (Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

City & State

City & State

Lamarac

33321

Country

33321

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1107895

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PSTD
NAME FOX, JERRY
STREET ADDRESS 9795 NORTHWEST 4TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33071

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

954-510-5500

Date

Daytime Phone #

CR2E034 (10/02)