

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 037 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000054578

1. Entity Name

SHOPPES OF IBIS, INC.

DO NOT WRITE IN THIS SPACE

B0056814

2. Principal Place of Business
10130 NORTHLAKE BLVD

Suite, Apt. #, etc.

3. Mailing Address
10130 NORTHLAKE BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL

Zip
33412

Country
USA

City & State
WEST PALM BEACH, FL

Zip
33412

Country
USA

4. FEI Number
65-1109928

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JIM PAGE

Street Address (P.O. Box Number is Not Acceptable)
10130 NORTHLAKE BLVD

City
WEST PALM BEACH

FL

Zip Code
33418

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PD
NAME
PAGE, JIM
STREET ADDRESS
1390 WOODBINE WAY #1309
CITY-ST-ZIP
PALM BEACH GARDENS, FL 33418

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
SD
NAME
ANNABEL PAGE
STREET ADDRESS
4200 EDENWOOD ROAD
CITY-ST-ZIP
PALM BEACH GARDENS, FL 33418

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #1 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)