

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90978 002 ***150.00

DOCUMENT # P02000046872

1. Entity Name

Integrated Reserve Management Company



DO NOT WRITE IN THIS SPACE

11021899

2. Principal Place of Business
700 W. Granada Boulevard

3. Mailing Address
700 W. Granada Boulevard

Suite, Apt. #, etc.
#104

Suite, Apt. #, etc.
#104

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number 47-0908021

Applied For
Not Applicable

Zip
32174

Country
USA

Zip
32174

Country
USA

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 Melissa Kavanagh

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

700 W. Granada Blvd., #104

City Ormond Beach

FL Zip Code 32174

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

Melissa Kavanagh

Melissa Kavanagh

04/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President :
Bernard Kavanagh
3111 Kailani Court, ORMOND BEACH, FL
32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Melissa Kavanagh
1 John Anderson Drive, #118 ORMOND BEACH
FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa Kavanagh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 386-673-1919

Date

Daytime Phone #

CR2E034B (12/02)