

FILED
Jun 17, 2003 8:00 am
Secretary of State

05-02-2003 90208 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000123042**

1. Entity Name
IBIS MANAGEMENT SERVICES, INC.



Principal Place of Business
**9055 IBIS BLVD.
WEST PALM BEACH FL 33412
US**

Mailing Address
**9055 IBIS BLVD.
WEST PALM BEACH FL 33412
US**

55048783

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

UBR Number
11-3062755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPEER, GEORGE G
9055 IBIS BLVD.
WEST PALM BEACH FL 33412**

Name

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

City

FL

Zip Code

8. The above named entity hereby certifies 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]

Signature of person authorized to change registered office and agent (if applicable)

(NOTE: Registered Agent must be approved when changing)

DATE

4-30-03

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Clifford Wilson 9055 Ibis Blvd. West Palm Beach, FL 33412	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPT Treas George G. Speer 9055 Ibis Blvd. West Palm Beach, FL 33412	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPT Sec Stephen Philbrook 9055 Ibis Blvd. West Palm Beach, FL 33412	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 AND TITLE OF OFFICER OR DIRECTOR

CR2F034/10/02