

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022863

1. Entity Name

INVESTMENT BUILDING GROUP, INC.



**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90432 001 \*1,100.00

0495765 AV

Principal Place of Business

~~2700 E BAY DR~~  
~~SUITE 200~~  
~~CARGO FL 33771~~  
US

Mailing Address

~~2700 E BAY DR~~  
~~SUITE 200~~  
~~LARGO FL 33771~~  
US

2. Principal Place of Business

3. Mailing Address

9460 125th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seminole, Florida

Zip

Country

Zip

Country

33772

4. FEI Number

59-3228318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

**55038599**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, LARRY T

~~2700 E BAY DR~~

~~SUITE 200~~

~~LARGO FL 33771~~

9460 125th St N  
Seminole, FL 33772

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          | P                 | <input type="checkbox"/> Delete |
| NAME           | COOPER, LARRY T   |                                 |
| STREET ADDRESS | 9460 125TH ST N   |                                 |
| CITY-ST-ZIP    | SEMINOLE FL 33772 |                                 |
| TITLE          | DST               | <input type="checkbox"/> Delete |
| NAME           | COOPER, MONICA    |                                 |
| STREET ADDRESS | 1 HIBISCUS RD     |                                 |
| CITY-ST-ZIP    | BELLEAIR FL 34618 |                                 |
| 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    |                   |                                 |

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 9460 125th St N     |  |
| STREET ADDRESS | Seminole, FL. 33772 |  |
| 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    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

727-  
391-7878

Daytime Phone #

CR2E034 (10/02)