

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035071

1. Entity Name

IVY DESIGNS, INC.

Principal Place of Business

Mailing Address

851 EAST OAK ST.  
APOPKA FL 32703  
US

P.O. BOX 1997  
APOPKA FL 32704-1997  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3182382

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

JAVOROWSKY, ROBERT C SR.  
833 EAST OAK ST.  
APOPKA FL 32704

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete  
TITLE JAVOROWSKY, ROBERT C SR.  
NAME P.O. BOX 1073 N/A  
STREET ADDRESS APOPKA FL 32704  
CITY-ST-ZIP

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

P ☐ Delete  
TITLE JAVOROWSKY, DOROTHY A  
NAME P.O. BOX 1073 N/A  
STREET ADDRESS APOPKA FL 32704  
CITY-ST-ZIP

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

VD ☐ Delete  
TITLE JAVOROWSKY, DANIEL S.  
NAME 833 E OAK ST  
STREET ADDRESS APOPKA FL 32703  
CITY-ST-ZIP

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

D ☐ Delete  
TITLE JAVOROWSKY, ROBERT  
NAME 6802 LUMBERJACK LN  
STREET ADDRESS OCOEE FL 34761  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 2302 Sweetaire Ct  
CITY-ST-ZIP Apopka, FL 32712

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy A Javorowsky 3/23/00 407/889-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90040 001 \*\*\*150.00

630200



DO NOT WRITE IN THIS SPACE