

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90039 047 \*\*\*150.00

**DOCUMENT # P95000022095**

1. Entity Name

**IBEX ENGINEERING SERVICES, INC.**

Principal Place of Business

**3123 SW MARTIN DOWNS BLVD  
 PALM CITY FL 34990  
 US**

Mailing Address

**3123 SW MARTIN DOWNS BLVD  
 PALM CITY FL 34990  
 US**

2. Principal Place of Business

**3091 SW Martin Downs Blvd P.O. Box 2078**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Palm City FL**

City & State

**Palm City FL**

Zip

Country

**34990 Martin**

Zip

Country

**34991 Martin**

4. FEI Number

**65-0563908**

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

**DERRICKSON, WILLIAM B.  
 1864 SW ANDREWS DR  
 PALM CITY FL 34990**

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, 2001 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

TITLE **VP** ☒ Delete  
 NAME **GOFF, ROBERT J**  
 STREET ADDRESS **2245 SW FOREST HILLS LN**  
 CITY-ST-ZIP **PALM CITY FL 33156**

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

TITLE **CEO** ☐ Delete  
 NAME **DERRICKSON, BILL**  
 STREET ADDRESS **1864 S.W. ST ANDREWS DR**  
 CITY-ST-ZIP **PALM CITY FL**

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

TITLE **P** ☐ Delete  
 NAME **SWEENEY, ROB**  
 STREET ADDRESS **1925 N LYNN ST, SUITE 725**  
 CITY-ST-ZIP **ARLINGTON VA 22209**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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: William B. Derrickson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2501 561 781 1894**

Date

Daytime Phone #

CR2E034 (10/00)