

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047826

1. Entity Name

IBP INSTRUMENTS, INC.

**FILED**  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90354 044 \*\*\*150.00

815257



DO NOT WRITE IN THIS SPACE

Principal Place of Business

635 S ORANGE AVE  
SARASOTA FL 34236

Mailing Address

635 S ORANGE AVE  
SARASOTA FL 34236

2. Principal Place of Business

4721 White Tail Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1115

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Osprey, FL

4. FEI Number

65-0591437

Applied For

Not Applicable

Zip

FL34238

Country

USA

Zip

34229

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVE, THOMAS  
635 S ORANGE AVE  
SARASOTA FL 34236

Dave  
↓  
as in  
united

7. Name and Address of New Registered Agent

Name

Dave, Thomas

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

4721 White Tail Lane

City

Sarasota

FL

Zip Code

34238

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]*

Thomas Dave

2/2/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
PFINGSTMANN, WERNER  
EICHHOERNCHENSTEG 26  
30659 HANOVER (GERMANY) ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)