

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041093

1. Entity Name

INTERNET BUSINESS CONSULTING, INC.

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90376 020 ***550.00

Principal Place of Business

250 N. TRADE ST.
SUITE 205
MATTHEWS NC 28105
US

Mailing Address

250 N. TRADE ST.
SUITE 205
MATTHEWS NC 28105
US

2. Principal Place of Business

124 West John Street

Suite, Apt. #, etc.

Matthews, NC

City & State

28105

Zip

Country

3. Mailing Address

124 West John Street

Suite, Apt. #, etc.

Matthews, NC

City & State

28105

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3376449

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, J H

4209 BAYMEADOWS ROAD #4

JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 VPS
NAME KOZIK, JOHN M
STREET ADDRESS 1118 SHIPWATCH DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE PT
NAME HOLLIS, JAMES R
STREET ADDRESS 5815 FLOWERING DOGWOOD LANE
CITY-ST-ZIP CHARLOTTE NC 28270

☐ Delete

TITLE AS
NAME HOLLIS, GERALYN E
STREET ADDRESS 5815 FLOWERING DOGWOOD LANE
CITY-ST-ZIP CHARLOTTE NC 28270

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 2610 BROOK HOLLOW ROAD
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2610 BROOK HOLLOW ROAD
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

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:

James R. Hollis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-3-02