

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045692

1. Entity Name  
INTERNATIONAL PROPERTY SPECIALISTS, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90011 014 \*\*\*150.00

Principal Place of Business

1021 SHAWNDA LANE  
KISSIMMEE FL 34744  
US

Mailing Address

1021 SHAWNDA LANE  
KISSIMMEE FL 34744  
US

654087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

935 PAWSTAND ROAD  
Suite, Apt. #, etc.

3. Mailing Address

P O BOX 470355  
Suite, Apt. #, etc.

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

4. FEI Number 59-3405793

Applied For  
Not Applicable

Zip Country  
34747 US

Zip Country  
34747-0355 US

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

KING, BARRY  
1021 SHAWNDA LANE  
KISSIMMEE FL 34744

Name  
Street Address (P.O. Box Number is Not Acceptable)  
935 PAWSTAND ROAD  
City FL Zip Code  
CELEBRATION 34747

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 D  
NAME KING, CAROLINE  
STREET ADDRESS 1021 SHAWNDA LANE  
CITY-ST-ZIP KISSIMMEE FL

TITLE  
NAME  
STREET ADDRESS 935 PAWSTAND ROAD  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE  
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CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-29-01

Date

Daytime Phone #

CR2E034 (10/00)