## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am Secretary of State DQCUMENT # P96000090221 1. Entity Name 05-16-2001 90183 043 \*\*\*150.00 SGS AT IBIS, INC. Principal Place of Business Mailing Address 5000 BLUE LAKE DRIVE 5000 BLUE LAKE DRIVE B0057207 SUITE 150 SUITE 150 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 5000 T-Rex Ave. 5000 T-Rex Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 150 Ste. 150 4. FEI Number Applied For 65-0704242 Boca Raton FL Boca Raton FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33431 Fee Required <u>33431</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOEPPEL JOEL P Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE SUITE 260 W. PALM BEACH FL 33401 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE DP TITLE ☐ Delete NAME NAME SIEGEL, NED L STREET ADDRESS STREET ADDRESS 5000 T-Rex Ave. Ste. 150 5000 BLUE LAKE DR, S-150 CITY-ST-ZIP CITY-ST-ZIE BOCA RATON FL 33431 TITLE Delete Change ☐ Addition DVS NAME GRUNDT, BRUCE S 5000 T-Rex Ave. Ste. 150 STREET ADDRESS STREET ADDRESS 5000 BLUE LAKE DR. S-150 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition

FILED

CR2E034 (10/00)