

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017420

1. Entity Name

CONFERENCES AND INCENTIVES PLUS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90087 040 ***150.00

Principal Place of Business 820 GULF BLVD STE 3 INDIAN ROCKS BCH FL 33785 US	Mailing Address P O BOX 452 INDIAN ROCKS BCH FL 33785-0452 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3436961	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KOZLOWSKI, ALEXANDER
820 GULF BLVD
SUITE 3
INDIAN ROCKS BEACH FL 33785

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D <input type="checkbox"/> Delete	NAME KOZLOWSKI, ALEXANDER STREET ADDRESS 820 GULF BLVD, SUITE 3 CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785
TITLE VP PD <input type="checkbox"/> Delete	NAME SCHIBER, SUSAN STREET ADDRESS 820 GULF BLVD, UNIT #3 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: SUSAN SCHIBER **REQUIRE** 3-16-00 727-593-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)