

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021831

1. Entity Name

INDIAN RIVER CONCEPTS INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90906 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1250 S HARBOR CITY BLVD  
SUITE #11  
MELBOURNE FL 32935  
US

1250 S HARBOR CITY BLVD  
SUITE #11  
MELBOURNE FL 32955-4911  
US

2. Principal Place of Business

1945 JAMES DR.

3. Mailing Address

P.O. BOX 561267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Fl.

City & State

Rockledge Fl.

Zip  
32940

Country  
USA

Zip  
32956-1267

Country  
USA

4. FEI Number

59-3433053

Applied For

Not Applicable

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

ALLEN, LARRY  
478 BALLARD DR  
SUITE 17  
MELBOURNE FL 32935

Name LARRY ALLEN

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

1945 James Drive

City Melbourne

FL

Zip Code 32940

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

LARRY ALLEN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ALLEN, LARRY  
STREET ADDRESS 478 BALLARD DR SUITE 17  
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE D ☐ Delete  
NAME HARGRAVES, CAROLYN  
STREET ADDRESS 4750 HWY AVE  
CITY-ST-ZIP JACKSONVILLE FL 32254-3790

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

Date

Daytime Phone #

(321)  
255-1330

CR2E034 (9/99)