

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90631 047 ***150.00

DOCUMENT # P97000056302

1. Entity Name

IBS ENTERPRISES, INC.

Principal Place of Business

11842 KESWICK WAY
 W. PALM BEACH, FL
 33412

Mailing Address

11842 KESWICK WAY
 W. PALM BEACH, FL
 33412

C06000004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIMONIC, NICHOLAS T.
 8750 PERIMETER PARK BLVD.
 JACKSONVILLE, FL 32216

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

(Signature, printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent's signature required when not changing)

DATE

9. This corporation is eligible to satisfy its intangible

(tax filing requirement and election 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

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP
 NAME: CONROY, JAMES
 STREET ADDRESS: 11842 KESWICK WAY
 CITY-STATE-ZIP: WEST PALM BEACH FL 33412

☐ Delete

TITLE: Address Change
 NAME: 864 NW Spruce Ridge Dr
 STREET ADDRESS: Stuart, FL 34994
 CITY-STATE-ZIP: Stuart, FL 34994

☐ Change☐ Addition

TITLE: DS
 NAME: CONROY, JULIE
 STREET ADDRESS: 11842 KESWICK WAY
 CITY-STATE-ZIP: WEST PALM BEACH FL 33412

☐ Delete

TITLE: Change
 NAME: Change
 STREET ADDRESS: Change
 CITY-STATE-ZIP: Change

☐ Change☐ Addition

TITLE: Change
 NAME: Change
 STREET ADDRESS: Change
 CITY-STATE-ZIP: Change

☐ Delete

TITLE: Change
 NAME: Change
 STREET ADDRESS: Change
 CITY-STATE-ZIP: Change

☐ Change☐ Addition

TITLE: Change
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 CITY-STATE-ZIP: Change

☐ Delete

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☐ Change☐ Addition

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☐ Delete

TITLE: Change
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☐ Change☐ Addition

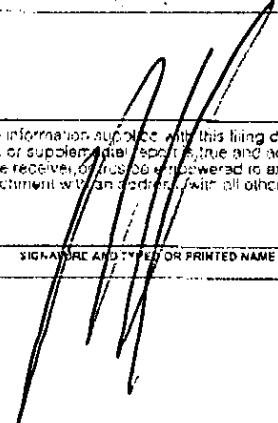
TITLE: Change
 NAME: Change
 STREET ADDRESS: Change
 CITY-STATE-ZIP: Change

☐ Delete

TITLE: Change
 NAME: Change
 STREET ADDRESS: Change
 CITY-STATE-ZIP: Change

☐ Change☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information contained 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 697, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report, or on an attachment with an order, with all other like empowered.

SIGNATURE: 

JAMES CONROY

561/694-8019

Date: 05/01/2001

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Last

Telephone #