

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095486

1. Entity Name

INTERNATIONAL PROJECT ENGINEERING CORP.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90012 034 ***150.00

Principal Place of Business

Mailing Address

5680 1ST AVE #3
KEY WEST FL 33040
US

26976 ANGELFISH ROAD
RAMROD KEY FL 33042-5330
US

2. Principal Place of Business

3. Mailing Address

3000 Venetian Dr.
Suite, Apt. #, etc.
Key West, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0792178

Applied For

Not Applicable

Zip

Country

Zip

Country

33040

USA

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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, 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 PD ☐ Delete
NAME O'DELL, MICHAEL S
STREET ADDRESS 5680 1ST AVE #3
CITY-ST-ZIP KEY WEST FL 33040

TITLE VTD ☐ Delete
NAME O'DELL, GWEN M
STREET ADDRESS 5680 1ST AVE #3
CITY-ST-ZIP KEY WEST FL 33040

TITLE VSD ☒ Delete
NAME O'DELL, KIRK R
STREET ADDRESS 5680 1ST AVE #3
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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, when and under like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/00

305 292 3171

CR2E034 (9/99)