

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90131 032 ***550.00

DOCUMENT # P97000096312

1. Entity Name
INTERNATIONAL BID SERVICE, INC.

Principal Place of Business

3700 CREIGHTON RD
SUITE #4
PENSACOLA FL 32504

Mailing Address

P.O. BOX 88608
PENSACOLA FL 32524

871069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 11608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pensacola, FL

4. FEI Number **59-3477958**

Applied For
Not Applicable

Zip

Country

Zip
32524

Country
Escambia

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

JESMONTH, RICHARD E
217 A EAST INTENDENCIA ST
PENSACOLA FL 32501

Name **Goldstein, Gerald R**
Street Address (P.O. Box Number is Not Acceptable)
1146 Ceylon Court
City **Gulf Breeze** **FL** **Zip Code** **32563**

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. I am familiar with, and accept the obligations of, registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

8-13-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	VP	<input type="checkbox"/> Delete
NAME	JESMONTH, RICHARD E	
STREET ADDRESS	217 A EAST INTENDENCIA ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, GERALD R	
STREET ADDRESS	3300 N PACE BLVD., STE. 507	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	M.D.	<input checked="" type="checkbox"/> Delete
NAME	GUPTA, SUNIL	
STREET ADDRESS	289 PLANTATION HILL RD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANTOUN, FREDERIC	
STREET ADDRESS	4857 LETTERKENNY ROAD, W	
CITY-ST-ZIP	CHAMBERSBURG PA 17201-8789	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROPELEWSKI, LEE J	
STREET ADDRESS	4400 BAYOU BLVD, SUITE 39B	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ropelewski, Lee J	
STREET ADDRESS	1463 Sanibel Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldstein, Gerald R	
STREET ADDRESS	1146 Ceylon Court	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodman, Ross M.	
STREET ADDRESS	3600 Menéndez Drive	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antoun, Frederic	
STREET ADDRESS	4857 Letterkenny Rd., W	
CITY-ST-ZIP	Chambersburg, PA 17201-8789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

8-13-02

Date

Daytime Phone #

CR2E034 (4/02)