

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90042 038 \*\*\*150.00

**DOCUMENT # P98000037986**

1. Entity Name

JUDITH IVORY, INC.



Principal Place of Business

8501 SW 54 COURT  
MIAMI FL 33143

Mailing Address

8501 SW 54 COURT  
MIAMI FL 33143

*moved*

34026363



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6109 N.W. 35 Terrace

Suite, Apt. #, etc.

3. Mailing Address

6109 N.W. 35 Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32653

Country

Alachua

City & State

Gainesville, FL

Zip

32653

Country

Alachua

4. FEI Number

65-0833795

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, JUDY

8501 S.W. 54 COURT  
MIAMI FL 33143

6109 N.W. 35 Terr.

Gainesville, FL

32653

(new address)

7. Name and Address of New Registered Agent

Name

Judy Cuevas (moved)

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

6109 N.W. 35 Terrace

Gainesville, FL

City

FL

Zip Code

32653

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.

(same agent - change of address)

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete  
NAME CUEVAS, JUDITH  
STREET ADDRESS 8501 SW 54 COURT  
CITY-ST-ZIP MIAMI FL 33143

6109 N.W. 35 Terr.  
Gainesville, FL 32653

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith H. Cuevas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 352/367-2939

Date

Daytime Phone #