

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90067 028 \*\*\*150.00

**DOCUMENT # P98000043920**

1. Entity Name  
**IPG PROPERTIES, INC.**



Principal Place of Business  
**1518 WEST VINE STREET  
KISSIMMEE FL 34741**

Mailing Address  
**1518 WEST VINE STREET  
KISSIMMEE FL 34741**

2. Principal Place of Business  
**9550 W. US 192**

3. Mailing Address  
**9550 W. US 192**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CHERMONT, FL**

City & State  
**CHERMONT, FL**

4. FEI Number  
**59-3595623**

Applied For  
Not Applicable

Zip  
**34711**

Country  
**USA**

Zip  
**34711**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**GREENE, GRAHAM  
1518 W. VINE STREET  
KISSIMMEE FL 34741**

## 7. Name and Address of New Registered Agent

Name  
**D. JOHN MORGESON, JR.**

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

**332 N. MAGNOLIA AVENUE**

City  
**ORLANDO**

FL

Zip Code  
**32802**

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)

DATE

**JANUARY 29, 2003**

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

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
GREENE, GRAHAM D  
1518 WEST VINE STREET  
KISSIMMEE FL 34741** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
WHEATLEY, BARRIE  
1518 WEST VINE STREET  
KISSIMMEE FL 34741** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
GREENE, GRAHAM D  
9550 W. US 192  
CHERMONT, FL 34711** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
WHEATLEY, BARRIE  
3214 HAWKS RIDGE POINT  
KISSIMMEE, FL 34747** ☒ Change ☐ Addition

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

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

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

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

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:  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/2003 770 650 5985**  
Date Daytime Phone #

CP2E034 (10/02)