

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 19, 2000 8:00 am
Secretary of State

08-25-2000 90001 024 ***558.75

DOCUMENT # P98000074200

1. Entity Name

ITB INVESTMENTS, INC.

Principal Place of Business

**235 SOUTH MAITLAND AVENUE #216
 MAITLAND FL 32751**

Mailing Address

**235 SOUTH MAITLAND AVENUE #216
 MAITLAND FL 32751**

2. Principal Place of Business

122 E. Colonial Drive

Suite, Apt. #, etc.
Suite 200

City & State
ORLANDO, FL

Zip
32801

Country
ORANGE

3. Mailing Address

122 E. Colonial Drive

Suite, Apt. #, etc.
Suite 200

City & State
ORLANDO, FL

Zip
32801

Country
ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3529465**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, BERRY J JR
 235 S. MAITLAND AVE
 #216
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name **JAMES C. HUCKABA**

Street Address (P.O. Box Number is Not Acceptable)
122 E. Colonial Drive

Suite 200

City **ORLANDO**

FL

Zip Code
32801

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 registering)

DATE

BERRY J. WALKER JR

7/28/00

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, 2000 Min. 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

TITLE **P** ☐ Delete
 NAME **HUCKABA, JIM**
 STREET ADDRESS **807 S ORLANDO AVE, STE C**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **V** ☐ Delete
 NAME **RAY, LARRY T**
 STREET ADDRESS **807 S ORLANDO AVE, STE C**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **HUCKABA, JIM**
 STREET ADDRESS **122 E. Colonial Drive, Suite 200**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **V** ☐ Change ☐ Addition
 NAME **RAY, LARRY T.**
 STREET ADDRESS **122 E. Colonial Drive, Suite 200**
 CITY-ST-ZIP **ORLANDO, FL 32801**

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/00

407-650-0006

Date

Daytime Phone #

CR2E034 (5/00)