

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90100 006 \*\*\*150.00

**DOCUMENT # P99000038269**

1. Entity Name

**IBS CREIGHTON OFFICE, INC.**

*P*

Principal Place of Business  
 217 A E. INTENDENCIA STREET  
 PENSACOLA FL 32501

Mailing Address  
 217 A E. INTENDENCIA STREET  
 PENSACOLA FL 32501

**19805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-357-0864**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 E. INTENDENCIA STREET  
 PENSACOLA FL 32501

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JESMONTH, RICHARD E</b>		NAME:	
STREET ADDRESS: <b>326 DEERPOINT DRIVE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>GULF BREEZE FL 32561</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GOLDSTEIN, GERALD R</b>		NAME:	
STREET ADDRESS: <b>3885 NORTH PALAFOX STREET</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>PENSACOLA FL 32505</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 persons empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/18/2000*

Date

*850-432-5888*

Daytime Phone #

CR2E034 (5/00)

DOC #p99000038269

19805

IBS CREIGHTON OFFICE, INC.

C/O Richard E. Jesmonth  
217 A. E. Intendencia Street  
Pensacola, FL 32501

August 18, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Regarding the filing of the 2000 Uniform Business Report. Payment was mailed with the form on April 24, 2000 on check number 5012 in the amount of \$150.00.

I would like to request that the late fee of \$400.00 be removed from this account.

The FEI number is: 59-357 0864

Thank you for your prompt attention to this matter.

Gerald R Goldstein

Director  
IBS Creighton Office, Inc.