

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90038 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000038269**

1. Entity Name  
**IBS CREIGHTON OFFICE, INC.**

Principal Place of Business <b>217 A E. INTENDENCIA STREET          PENSACOLA FL 32501</b>	Mailing Address <b>217 A E. INTENDENCIA STREET          PENSACOLA FL 32501</b>
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2. Principal Place of Business <b>3700-04 Creighton Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>3700-04 Creighton Road</b> Suite, Apt. #, etc.
City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
Zip <b>32504</b>	Country <b>Escambia</b>

4. FEI Number <b>59-3570864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JESMONTH, RICHARD E**  
**217 A E. INTENDENCIA STREET**  
**PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name: **Goldstein Gerald R.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**3700-04 Creighton Road**  
 City: **Pensacola** FL Zip Code: **32504**

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: DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JESMONTH, RICHARD E</b> <b>326 DEERPOINT DRIVE</b> <b>GULF BREEZE FL 32561</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDSTEIN, GERALD R</b> <b>3885 NORTH PALAFOX STREET</b> <b>PENSACOLA FL 32505</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Goldstein Gerald R.</b> <b>3700-04 Creighton Road</b> <b>Pensacola, FL 32504</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **4/18/02** DAYTIME PHONE #: **(850) 432-5888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)