

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P99000105137

IBIS BUSINESS INTERNET SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2005 E. FOWLER AVE.

TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3620862

Applied For

Not Applicable

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

PAUL DEMIRDJIAN
2005 E. FOWLER AVE
TAMPA FL 33612

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	DIRECTOR, CEO	<input type="checkbox"/> Delete
NAME	PAUL DEMIRDJIAN	
STREET ADDRESS	2005 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> Delete
NAME	PRIMAPOSE DEMIRDJIAN	
STREET ADDRESS	2005 E FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	DIRECTOR, CFO, TREASURER	<input type="checkbox"/> Delete
NAME	J-E GRAMLING	
STREET ADDRESS	2005 E. FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	DIRECTOR, EX. VP	<input type="checkbox"/> Delete
NAME	DAVID ARVIZU	
STREET ADDRESS	2005 E FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	EX. VP	<input type="checkbox"/> Delete
NAME	EDUARDO SANCHEZ	
STREET ADDRESS	2005 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-910-0275

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90007 035 ***150.00

00004637

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)