

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90120 014 ***150.00

DOCUMENT # S65168

1. Entity Name
IES, INC.



Principal Place of Business
~~200 BATH CLUB BLVD. S.~~
N. REDINGTON BEACH FL 33708

Mailing Address
44425 PARK BLVD.
104474
SEMINOLE FL 33772-4700

2. Principal Place of Business
103 SHOALS CIRCLE

3. Mailing Address
1 BEACH DRIVE SE - #220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N. REDINGTON BEACH, FL

City & State
ST. PETERSBURG, FL

4. FEI Number **59-3073181**

Applied For
Not Applicable

Zip
33708

Country
USA

Zip
33701

Country
USA

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

~~KANE, BILL~~
~~9620 EXECUTIVE CENTER DR. N. STE. 100~~
~~ST. PETERSBURG FL 33702~~

Name
THOMAS C. ROBERGE
Street Address (P.O. Box Number is Not Acceptable)
1 BEACH DRIVE SE - #220
City
ST. PETERSBURG FL Zip Code
33701

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 TR
Signature, typed or printed name of registered agent and title if applicable.

THOMAS C. ROBERGE
(NOTE: Registered Agent signature required when reinstating)

4/4/03
DATE

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEE-DEUTSCHAR, INGEBORG ☐ Delete
290 BATH CLUB BLVD.S.
N. REDINGTON BCH. FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEE-DEUTSCHAR, INGEBORG ☒ Change ☐ Addition
1 BEACH DRIVE SE, STE 220
ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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: INGEBORG KLEE-DEUTSCHAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 **727 822 9393**
Date Daytime Phone #

CR2E034 (10/02)