

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34813

1. Entity Name  
IB AND BD, INC.Principal Place of Business  
180 VILANO BEACH CSWY.  
ST. AUGUSTINE FL 32095  
US  
Mailing Address  
2533 WOODFERN LANE  
JACKSONVILLE FL 322232. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3124161

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

IOMMAZZO, BENITO  
2533 WOODFERN LANE  
JACKSONVILLE FL 32223

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
IOMMAZZO, BENITO  
2533 WOODFERN LANE  
JACKSONVILLE FL 32223 Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
RICHARDSON, ANNE  
2533 WOODFERN LANE  
JACKSONVILLE FL 32223 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  AdditionTITLE  
NAME  
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CITY-ST-ZIP  
 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  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: *X Benito Iomazzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90030 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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