

7/24/0

**FILED**  
**Aug 10, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90022 041 \*\*\*550.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # J39623**

1. Entity Name  
**I & B ENTERPRISES, INC.**

Principal Place of Business  
**959 W JEFFERSON ST  
BROOKSVILLE FL 34601**

Mailing Address  
**959 W JEFFERSON ST  
BROOKSVILLE FL 34601**

77347



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  
**59-2746187**

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

**RANKIN, DAVID P.  
4600 W. CYPRESS  
SUITE 410  
TAMPA FL 33607**

Name **Judy Ingle**  
Street Address (P.O. Box Number is Not Acceptable)  
**14064 Chippendale St**  
City **Spring Hill** FL Zip Code **34609**

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 *Judy Ingle* **Judy Ingle** **8/6/01**  
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 12, 2001 Fee 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

TITLE **PD**  Delete  
NAME **RANKIN, DAVID P.**  
STREET ADDRESS **4600 W. CYPRESS #410**  
CITY-ST-ZIP **TAMPA FL**

TITLE **Secretary**  Change  Addition  
NAME **Judy Ingle**  
STREET ADDRESS **14064 Chippendale St**  
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **P**  Delete  
NAME **INGLE, THOMAS**  
STREET ADDRESS **14064 CHIPPENDALE ST.**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C**  Delete  
NAME **BARNEY, RICHARD**  
STREET ADDRESS **2601 MERIDA LANE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Judy Ingle* **SIGNATURE REQUIRED Judy Ingle** **7/19/01** **352-799-0071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (5/01)