

2001 'UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90053 016 ***158.75

0000312

DOCUMENT # P93000039109

1. Entity Name
IVY MACKENZIE SERVICES CORP.

Principal Place of Business 700 S. FEDERAL HWY. SUITE 700 BOCA RATON FL 33432	Mailing Address 700 S. FEDERAL HWY. SUITE 700 BOCA RATON FL 33432
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>700 South Federal Hwy</i>	3. Mailing Address <i>700 South Federal Highway</i>
Suite, Apt. #, etc. <i>Suite 300</i>	Suite, Apt. #, etc. <i>Suite 300</i>

City & State <i>Boca Raton, FL</i>	City & State <i>Boca Raton, FL</i>	4. FEI Number 65-0417838	Applied For <input type="checkbox"/> Not Applicable
---------------------------------------	---------------------------------------	------------------------------------	--

Zip <i>33432</i>	Country <i>USA</i>	Zip <i>33432</i>	Country <i>USA</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
---------------------	-----------------------	---------------------	-----------------------	--

6. Name and Address of Current Registered Agent

FERRIS, C. WILLIAM
 798 S. FEDERAL HWY.
 SUITE 201
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name *Keith J. Carlson*
 Street Address (P.O. Box Number is Not Acceptable)
700 South Federal Highway, Suite 300
 City *Boca Raton* FL Zip Code *33432*

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]*
 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, KEITH 700 S. FEDERAL HWY., SUITE 300 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paula K. Wolfe 700 South Federal Hwy #300 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERRIS, C. WILLIAM 700 S FEDERAL HWY, SUITE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Beverly J. Yanowitch 700 South Federal Hwy #300 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEDVIN, RICK 700 S FED HWY STE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Robert Perry 700 South Federal Hwy #300 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMSKY, STEPHAN 700 S FED HWY STE 300 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James W. Broadfoot 700 South Federal Hwy #300 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Keith J. Carlson 700 South Federal Hwy #300 Boca Raton, FL 33432 <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

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)