

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90033 018 ***150.00

DOCUMENT # 198776
 1. Entity Name
THE IDLEWYLD CORPORATION, INC.

Principal Place of Business 662 AZALEA LN P.O. BOX 1117 VERO BEACH FL 32961-1117 US	Mailing Address 662 AZALEA LN P.O. BOX 1117 VERO BEACH FL 32961-1117 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1961234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COLLINS, BROWN & CALDWE C
 756 BEACHLAND BOULEVARD
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	OUGHTRED, G.F.	
STREET ADDRESS	1085 WINDING RIVER RD.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	OUGHTRED, WE	
STREET ADDRESS	662 AZALEA LN	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RATHBUN, RONALD L.	
STREET ADDRESS	662 AZALEA LN	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUGHTRED, R W	
STREET ADDRESS	662 AZALEA LN	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUGHTRED, JOAN	
STREET ADDRESS	1085 WINDING RIVER RD.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E. Oughtred	
STREET ADDRESS	1900 Dundas St. W, #245	
CITY-ST-ZIP	Mississauga, ON, Canada L5K 1P9	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Leavens	
STREET ADDRESS	1900 Dundas Street W, #245	
CITY-ST-ZIP	Mississauga, ON, Canada L5K 1P9	
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: *W E Oughtred* 2/17/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)