

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90089 021 ***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
**3055 CARDINAL DRIVE
SUITE 202
VERO BEACH FL 32963
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1961234**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OUGHTRED, G.F.	
STREET ADDRESS	8860 N SEA OAKS WAY, #109	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUGHTRED, WILLIAM E	
STREET ADDRESS	1900 DUNDAS ST. W, #245	
CITY-ST-ZIP	MISSISSAUGA, ON, CANADA L5K- 1P9	
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	8860 N SEA OAKS WAY, #109	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAVENS, STEPHEN	
STREET ADDRESS	1900 DUDNAS ST. W, #245	
CITY-ST-ZIP	MISSISSAUGA, ON, CANDADA LDK- 1P9	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: G.F. Oughtred **SIGNATURE REQUIRED: G.F. OUGHTRED** 2/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)