

FILED
Jul 10, 2002 8:00 am
Secretary of State

06-11-2002 90395 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073064

1. Entity Name
IDEAS DESIGNS AND CONCEPTS, INC.

Principal Place of Business
6952 NW 19TH STREET
MARGATE FL 33063

Mailing Address
6952 NW 19TH STREET
MARGATE FL 33063



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0453054
Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KLAR, KURT L
6952 NW 19TH STREET
MARGATE FL 33063

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.

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

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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAR, KURT L 6952 NW 19TH STREET MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kurt L Klar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/02 954-972-8100
Date Daytime Phone #

CR2E034 (9/01)

Attachment
DH# P9300073064
38383

IDEAS DESIGNS & CONCEPTS, INC.
6952 N W 19 STREET
MARGATE, FL. 33063

954-972-8100

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL. 32302-1500

MAY 30, 2002

DOCUMENT # P9300073064
FEI NUMBER 65-0453054

GENTLEMEN:

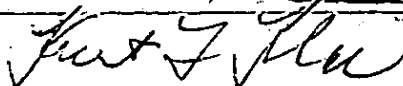
DUE TO A LIFE THREATENING SERIOUS ILLNESS OF THE PRESIDENT AND ONLY PRINCIPAL OF OF THIS CORPORATION THE PRESIDENT OF THIS CORPORATION WAS UNABLE TO TIMELY FILE THE 2002 UNIFORM BUSINESS REPORT.

ALL PREVIOUS REPORTS WERE TIMELY FILED.

I THEREFORE REQUEST THAT THE \$ 150.00 FILING FEE ENCLOSED HEREWITH BE ACCEPTED AND THE ADDITIONAL FEES BE WAIVED.

VERY TRULY YOURS,

KURT L. KLAR, PRES.



I.D.C., INC.

ideas designs & concepts, inc.
6952 n.w. 19th street
margate, florida 33063
ph: (954) 972-8100 fax (954) 972-0160

Attachment #

28383

July 2, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Reference no. P93000073064

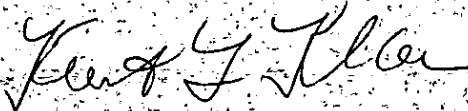
Gentlemen:

I am returning the enclosed letter which you have ignored. I was in the hospital for over two months & was taken there by emergency for bleeding ulcers from which I almost died.

I have all the papers to prove that this is true if you want copies I will be very happy to send them to you. Including claims from the hospital & all the doctors which helped to save my life.

My company is a one man operation with no employees other than myself. That is the reason this tax report was filed late by my accountant.

Very truly yours,



Kurt L. Klar

P.S. When I got out of the hospital, I was still very weak and had a visiting nurse service to change the dressings and had another nurse coming in every morning for for a month to make me breakfast & lunch and bath me.