

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048660

1. Entity Name  
**IDEA GENERATION INC.**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90118 002 \*\*\*158.75

Principal Place of Business	Mailing Address
502 NW 75TH ST SUITE 409 GAINESVILLE FL 32607-1799 US	502 NW 75TH ST SUITE 409 GAINESVILLE FL 32607-1676 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7257 NW 4th Blvd</b> Suite, Apt. #, etc. <b>#36</b> City & State <b>Gainesville FL</b> Zip <b>32607</b> Country <b>US</b>	3. Mailing Address <b>7257 NW 4th Blvd</b> Suite, Apt. #, etc. <b>#36</b> City & State <b>Gainesville, FL</b> Zip <b>32607</b> Country <b>US</b>
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4. FEI Number <b>59-3360662</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**BEVERLY, PHIL C JR.**  
**912 NE 2 ST**  
**GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**408 W. University Ave. Suite 500**  
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 Phil Beverly (NOTE: Registered Agent signature required when reinstating) DATE 1/26/00

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>TRINITY, S.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TRINITY, S.</b>		NAME	
STREET ADDRESS <b>502 NW 75TH ST, STE 409</b>		STREET ADDRESS <b>7257 NW 4th Blvd. #36</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32607-1799</b>		CITY-ST-ZIP <b>Gainesville, FL 32607</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>EVERTT, PAULA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EVERTT, PAULA</b>		NAME	
STREET ADDRESS <b>502 NW 75TH ST, STE 409</b>		STREET ADDRESS <b>7257 NW 4th Blvd #36</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32607-1799</b>		CITY-ST-ZIP <b>Gainesville, FL 32607</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>HART, JAMIE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HART, JAMIE</b>		NAME	
STREET ADDRESS <b>502 NW 75TH ST, STE 409</b>		STREET ADDRESS <b>7257 NW 4th Blvd. #36</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32607-1799</b>		CITY-ST-ZIP <b>Gainesville, FL 32607</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Phil Beverly (NOTE: Signature required) DATE 1/26/00

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

CR2E034 (9/99)