

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011597

1. Entity Name
IDEAL TECH LIMITED, INC.

FILED
SECRETARY OF STATE
02-29-2000 90169 012 ***150.00

00 MAY -3 PM 3:25

Principal Place of Business Mailing Address
EAST GLENDYNE DRIVE 3211 EAST GLENDYNE DRIVE
JACKSONVILLE FL 32216 JACKSONVILLE FL 32218-5791



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Florida Same As Above 3211 E. Glendyne Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville, FL
Zip Country Zip Country
32216

4. FEI Number Applied For
59-355 7288 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134
IDEAL TECH Limited
3211 E. Glendyne Dr.
Jacksonville, FL 32216
Bartley K. Vickers P.A.
212 N. Washington St, JAX, FL 32202

7. Name and Address of New Registered Agent
Name Ideal Tech Limited, Inc.
Street Address (P.O. Box Number is Not Acceptable)
3211 E. Glendyne Dr.
City Jacksonville FL Zip Code 32216

9. 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 Bartley K. Vickers, President Bassam Auil
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE 2/20/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AVOIL, BASSAM 3211 EAST GLENDYNE DRIVE JACKSONVILLE FL 32216	<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	AVOIL, BASSAM Same Address	<input checked="" type="checkbox"/> Change Name <input type="checkbox"/> Addition Correction
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: Bassam Auil (President) Bassam Auil 2/20/2000 904-730-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)