

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90011 020 ***150.00

0437083

DOCUMENT # V64914

1. Entity Name
IDEAL ACCEPTANCE COMPANY

Principal Place of Business 5435 S. US HWY 1 FT. PIERCE FL 34982	Mailing Address 5435 S. US HWY 1 FT. PIERCE FL 34982
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3142203	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

TIERNEY, MARY JO
5435 S. US HWY 1
FT. PIERCE FL 34982

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	TIERNEY, MARY JO	1712 COCONUT DR. FT. PIERCE FL				
	DT	BARBARA G. BULL	2181 SE CARNATION RD. PORT ST. LUCIE FL			2215 SE Stonehaven Rd	
	DS	TIERNEY, J. STEPHEN, III	303 DEERWOOD LANE FT. PIERCE FL				
	DV	WETZEL, MICHAEL	1712 COCONUT DR FT PIERCE FL				
	D	THIEL, BRENDA F	533 SW LUCERO DRIVE PORT ST LUCIE FL				

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: Mary Jo Tierney Date: 2/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)