

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

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AV

DOCUMENT # **V64914**



1. Entity Name
IDEAL ACCEPTANCE COMPANY

03-10-2003 90141 030 ***150.00

Principal Place of Business
**5435 S. US HWY 1
FT. PIERCE FL 34982**

Mailing Address
**5435 S. US HWY 1
FT. PIERCE FL 34982**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3142203**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input type="checkbox"/> Delete
NAME	TIERNEY, MARY JO
STREET ADDRESS	1712 COCONUT DR.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	DT <input type="checkbox"/> Delete
NAME	BARBARA G. BULL
STREET ADDRESS	2215 SE STONEHAVEN ROAD
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	DS <input type="checkbox"/> Delete
NAME	TIERNEY, J. STEPHEN, III
STREET ADDRESS	303 DEERWOOD LANE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	DV <input type="checkbox"/> Delete
NAME	WETZEL, MICHAEL
STREET ADDRESS	1712 COCONUT DR
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input type="checkbox"/> Delete
NAME	THIEL, BRENDA F
STREET ADDRESS	533 SW LUCERO DRIVE
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	<input type="checkbox"/> Delete
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	
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Jo Tierney* **REQUIRED** **3-6-03** **772-461-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)