

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90209 018 ***150.00

DOCUMENT # F02000002615



1. Entity Name
IDEA ONE INTERNATIONAL, INC.

Principal Place of Business
2110 DREW STREET, STE. 200
CLEARWATER FL 33765

Mailing Address
2110 DREW STREET, STE. 200
CLEARWATER FL 33765



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2275336

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EZRA, MEIR
2110 DREW STREET, STE. 200
CLEARWATER FL 33765

Name: Karen Kaplan
Street Address (P.O. Box Number is Not Acceptable): 2110 Drew Street, Suite 200
Clearwater, FL 33765
City: Clearwater FL Zip Code: FL

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: Karen Kaplan
Signature, typed or printed name of registered agent and title if applicable.

DATE: 2/11/03

(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: C + President Delete
NAME: EZRA, MEIR
STREET ADDRESS: 2110 DREW STREET, STE. 200
CITY-ST-ZIP: CLEARWATER FL 33765

TITLE: Karen Kaplan Change Addition
NAME: Karen Kaplan
STREET ADDRESS: 2110 Drew Street
CITY-ST-ZIP: Clearwater, FL 33765
Secretary

TITLE: D Delete
NAME: SAVAS, ANDY
STREET ADDRESS: 21939 US 19 NORTH
CITY-ST-ZIP: CLEARWATER FL 33765

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: D Delete
NAME: GERSHMAN, LARRY
STREET ADDRESS: 1270 6TH AVE., STE. 2730
CITY-ST-ZIP: NEW YORK FL 10020

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
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STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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: Karen Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/11/03

DAYTIME PHONE #: 727-461-9799

0095034 (1/07/02)