

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90089 021 \*\*\*150.00

**DOCUMENT # 198776**

1. Entity Name  
**THE IDLEWYLD CORPORATION, INC.**



Principal Place of Business  
**662 AZALEA LN  
P.O. BOX 1117  
VERO BEACH FL 32961-1117  
US**

Mailing Address  
**3055 CARDINAL DRIVE  
SUITE 202  
VERO BEACH FL 32963  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1961234**

Applied For  
Not Applicable

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**

**COLLINS, BROWN & CALDWE C  
756 BEACHLAND BOULEVARD  
VERO BEACH FL 32963**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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                      | PD                               | TITLE   |  |
| NAME                       | OUGHTRED, G.F.                   | NAME  |  |
| STREET ADDRESS             | 8860 N SEA OAKS WAY, #109        | STREET ADDRESS  |  |
| CITY-ST-ZIP                | VERO BEACH FL 32963              | CITY-ST-ZIP   |  |
| TITLE                      | D                                | TITLE   |  |
| NAME                       | OUGHTRED, WILLIAM E              | NAME  |  |
| STREET ADDRESS             | 1900 DUNDAS ST. W, #245          | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MISSISSAUGA, ON, CANADA L5K- 1P9 | CITY-ST-ZIP   |  |
| TITLE                      | D                                | TITLE   |  |
| NAME                       | OUGHTRED, R W                    | NAME  |  |
| STREET ADDRESS             | 662 AZALEA LN                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                | VERO BCH FL                      | CITY-ST-ZIP   |  |
| TITLE                      | D                                | TITLE   |  |
| NAME                       | OUGHTRED, JOAN                   | NAME  |  |
| STREET ADDRESS             | 8860 N SEA OAKS WAY, #109        | STREET ADDRESS  |  |
| CITY-ST-ZIP                | VERO BEACH FL 32963              | CITY-ST-ZIP   |  |
| TITLE                      | D                                | TITLE   |  |
| NAME                       | LEAVENS, STEPHEN                 | NAME  |  |
| STREET ADDRESS             | 1900 DUNDAS ST. W, #245          | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MISSISSAUGA, ON, CANADA L5K- 1P9 | CITY-ST-ZIP   |  |
| TITLE                      |                                  | TITLE   |  |
| NAME                       |                                  | NAME  |  |
| STREET ADDRESS             |                                  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                  | 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:**

**SIGNATURE REQUIRED: G. F. OUGHTRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/03**

Date

Daytime Phone #

CR2E034 (10/02)