

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # F97000001795

1. Entity Name

INTERNATIONAL DESIGN & ENGINEERING ASSOCIATES CO
RP.

03 MAR 31 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

409 E. OSCEOLA ST. SUITE E
STUART FL 34994

PO BOX 2880
STUART, FL 34995
US

P.O. Box 9556
PORT ST LUCIE, Fla. 34985-9556

10302 S. Federal Hwy
#173, Port St Lucie, Fla. 34952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

WOLFE-WISCHNEWSKI, NICOLE

409 E. OSCEOLA ST. SUITE E
STUART FL 34994

10302 S. Federal Hwy
#173
Port St Lucie, Fla. 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!! FEE (\$5.00)
After May 1, 2002 Fee will be \$50.00
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 P
NAME WOLFE-WISCHNEWSKI, NICOLE
STREET ADDRESS 409 E. OSCEOLA ST.
CITY-ST-ZIP STUART FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS #173
CITY-ST-ZIP 34952

☐ Change ☐ Addition

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☐ Change ☐ 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

WOLFE-WISCHNEWSKI, NICOLE 11/11/2003

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