

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0544459

DOCUMENT # F97000004569

1. Entity Name
IDLE, INC.

05-02-2001 90021 037 ***150.00

Principal Place of Business 470 SOUTH MCCALL RD. ENGLEWOOD FL 34223	Mailing Address 470 SOUTH MCCALL RD. ENGLEWOOD FL 34223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 450 W. Dearborn St	3. Mailing Address 232 Bahia Vista Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Englewood, FL	City & State Englewood, FL	4. FEI Number 85-0425126	Applied For <input type="checkbox"/> Not Applicable
Zip 34223	Country Sarasota	Zip 34223	Country Sarasota

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

6. Name and Address of Current Registered Agent GARRISON, CATHERINE V 470 SOUTH MCCALL RD. ENGLEWOOD FL 34223	7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
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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 *Catherine Garrison DP* DATE **4.25.01**

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	DP GARRISON, CATHERINE V 470 SOUTH MCCALL RD. ENGLEWOOD FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Garrison Catherine V 232 Bahia Vista Dr. Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARRISON, VICTOR C 470 SOUTH MCCALL RD. ENGLEWOOD FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Garrison Victor C 232 Bahia Vista Dr Englewood, FL 34223
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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: *Catherine Garrison / Catherine Garrison* DATE: **4.25.01** (941.460.1829)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)