Mailing Address

2127 BEECHER ROAD

2a. Mailing Address

26

CLEARWATER FL 33763

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **K65538**

1. Corporation Name

Principal Place of Business 2127 BEECHER ROAD

2. Principal Place of Business

CLEARWATER FL 33763

US

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IDEAS INTERNATIONAL, INC.

Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip This corporation owes the current year Intangible ☐ Yes □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAYES, A.W. Street Address (P.O. Box Number is Not Acceptable) 82 2127 BEECHER ROAD **CLEARWATER FL 33763** 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required with Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change □ DELETE 1.1 TITLE TITLE DAYES, ANTHONY 1.2 NAME NAME 2127 BEECHER ROAD 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 21 TITLE ☐ Change ☐ Addition TITLE LADELL, BRIAN 2.2 NAME NAME 1020 HARBOR LAKE DR 2.3 STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE DAYES, MARGARET 3.2 NAME NAME 2127 BEECHER ROAD 3.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITI F 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 61TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 05, 1999 8:00 am Secretary of State

05-05-1999 90037 014 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

02/14/1989

59-2933338

FEI Number

(11/98)