

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

04-22-2002 90157 003 ****50.00

DOCUMENT # L01000003794

1. Entity Name

IDEA BOX L.C.

Principal Place of Business

P.O. BOX 86594
MADEIRA BEACH FL 33738

Mailing Address

P.O. BOX 86594
MADEIRA BEACH FL 33738
13356 Gulf Blvd.
Madeira Beach
FL 33708

94616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13356 Gulf Blvd.

Suite, Apt. #, etc.

3. Mailing Address

13356 Gulf Blvd

Suite, Apt. #, etc.

City & State

Madeira Beach, FL

City & State

Madeira Beach, FL

Zip

33708

Country

USA

Zip

33708

Country

USA

4. FEI Number

59-3701316

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMPHREY, S.S.
13356 GULF BLVD.
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Pres. ☐ Delete
 NAME Humphrey, S.S.
 STREET ADDRESS 13356 Gulf Blvd
 CITY-ST-ZIP Madeira Beach, FL 33708

TITLE Sec. VP ☐ Delete
 NAME Richard Pahl
 STREET ADDRESS 436 Date Palm Ct.
 CITY-ST-ZIP St. Petersburg, FL 33703

TITLE Treas. VP ☐ Delete
 NAME Pierre Fichervulle
 STREET ADDRESS 3801 E. Bay Dr.
 CITY-ST-ZIP Holmes Beach, FL 34217

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Pierre Fichervulle
 Pierre Fichervulle

4/11/02

941-779-2518

Date

Daytime Phone #

CR2E083 (9/01)