

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90241 021 ***150.00

DOCUMENT # M415741. Entity Name
I.D.B., INC.

Principal Place of Business

**C/O GRAPHICS INK
1550 W. 84TH ST., STE. 21
HIALEAH FL 33014
US**

Mailing Address

**C/O GRAPHICS INK
1550 W. 84TH ST., STE. 21
HIALEAH FL 33014
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2833703**

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****BYRNES, DAVID J.
1550 WEST 84TH ST.
STE. 21
HIALEAH FL 33014**

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 _____ DATE _____
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, 2002 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	<input type="checkbox"/> Delete
	P	BYRNES, DAVID J.	9558 SW 59 ST.	MIAMI FL
	V	BYRNES, I. MARGOT	9558 SW 59 ST.	MIAMI FL
	T	BYRNES, SCOTT D	2970 SKYVIEW DR LOT 182	LITHIA SPRGS GA
	S	KINSEY, TAMMY BYRNES	2805 WOODLAND HILLS DRIVE	CUMMING GE
	V	BYRNES, JOHN G	4015 WINDTREE DR	TAMPA FL 33674
	V	BYRNES, KEVIN P	360 24TH ST NW APT 361	WINTER HAVEN FL

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**David J. Byrnes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 305-825-8522

CR2E034 (9/01)