

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90115 037 ***150.00

DOCUMENT # M41574

1. 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2833703**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BYRNES, DAVID J.**
STREET ADDRESS **9558 SW 59 ST.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **V** ☐ Delete
NAME **BYRNES, I. MARGOT**
STREET ADDRESS **9558 SW 59 ST.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **T** ☐ Delete
NAME **BYRNES, SCOTT D**
STREET ADDRESS **2970 SKYVIEW DR LOT 182**
CITY-ST-ZIP **LITHIA SPRGS GA**

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

TITLE **S** ☐ Delete
NAME **KINSEY, TAMMY BYRNES**
STREET ADDRESS **2805 WOODLAND HILLS DRIVE**
CITY-ST-ZIP **CUMMING GE**

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

TITLE **V** ☐ Delete
NAME **BYRNES, JOHN G**
STREET ADDRESS **4015 WINDTREE DR**
CITY-ST-ZIP **TAMPA FL 33674**

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

TITLE **V** ☐ Delete
NAME **BYRNES, KEVIN P**
STREET ADDRESS **360 24TH ST NW APT 361**
CITY-ST-ZIP **WINTER HAVEN FL**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

Date

305 825 8522

Daytime Phone #

CR2E034 (10/02)