## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 18, 2000 8:00 am Secretary of State DOCUMENT # N02481 1. Entity Name 01-18-2000 90093 044 \*\*\*\*61.25 BUSINESS IDEAS GROUP, INC. Principal Place of Business Mailing Address 140 INTRACOASTAL POINTE DRIVE 140 INTRACOASTAL POINTE DRIVE SUITE 305 SUITE 305 JUPITER FL 33477 JUPITER FL 33477-5094 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2438293 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COLE, THOMAS D. 140 INTRACOASTAL POINTE DRIVE SUITE 305 Zip Code FL JUPITER FL 33477 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. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ★ Addition TITLE TITLE PD Delete CARRAS, PETER A. NEWMAN, ROCHELLE NAME NAME 11960 S. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS 2929 BIARRITZ DRIVE HOBE SOUND, FL 33455 CITY-\$T-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME COLE, THOMAS D. STREET ADDRESS STREET ADDRESS 140 INTRACOASTAL PTE DRIVE #305 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change Addition TITLE TITLE SD Delete NAME NAME MCCALLUM, DENNIS STREET ADDRESS STREET ADDRESS 130 BRIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL **⊠** Addition ☐ Change ☐ Delete TITLE TITLE. NEWITT, ANDY NAME 1535 CYPRESS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wi

SIGNATURE: