

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90091 007 ****61.25

DOCUMENT # N02481

1. Entity Name

BUSINESS IDEAS GROUP, INC.



Principal Place of Business

**140 INTRACOASTAL POINTE DRIVE
SUITE 305
JUPITER FL 33477
US**

Mailing Address

**140 INTRACOASTAL POINTE DRIVE
SUITE 305
JUPITER FL 33477
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 **59-2438293**

Applied For

Not Applicable

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

**COLE, THOMAS D.
140 INTRACOASTAL POINTE DRIVE
SUITE 305
JUPITER FL 33477**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TD	COLE, THOMAS D.	140 INTRACOASTAL PTE DRIVE #305	JUPITER FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	GRIVJACK, MARTIN	PO BOX 1215	HOBE SOUND FL 33475-1215	<input type="checkbox"/>	<input type="checkbox"/>
VPD	MALLORY, EARL K	PO BOX 8858	JUPITER FL 33468-8858	<input type="checkbox"/>	<input type="checkbox"/>
SD	SAUCHELLI, ANDREW	210 JUPITER LAKES BLVD BLDG 5000 STE 204	JUPITER FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

561-747-1040

CR2E037 (10/02)