# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 24 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076556

1. Entity Name
IDEAL TIME SOLUTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4290 MAHOGANY RIDGE DRIVE<br>WESTON FL 33331 | 4290 MAHOGANY RIDGE DRIVE<br>WESTON FL 33331 |

03/05/03 90044 002 150.00

CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4012 Pinewood Ln. | 4012 Pinewood Ln. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Weston, FL | City & State: Weston, FL |
| Zip: 33331 Country: Broward | Zip: 33331 Country: Broward |

4. FEI Number 65-1036833 ☐ 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 |
|---|---|
| BAKER, CHRISTOPHER S<br>~~4290 MAHOGANY RIDGE DRIVE~~<br>WESTON FL 33331<br>Address Change Only → | Name: Christoper S. Baker<br>Street Address (P.O. Box Number is Not Acceptable): 4012 Pinewood Ln.<br>City: Weston, FL Zip Code: 33331 |

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: Christopher S. Baker President 02/25/03
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>BAKER, CHRISTOPHER S<br>4290 MAHOGANY RIDGE DRIVE<br>WESTON FL 33331 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>Baker, Christopher S<br>4012 Pinewood Ln.<br>Weston, FL 33331 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>BAKER, IDA R<br>4290 MAHOGANY RIDGE DRIVE<br>WESTON FL 33331 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>Baker, IDA R.<br>4012 Pinewood Ln.<br>Weston, FL 33331 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 02/25/03 954-659-0100
FIGURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE