

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90093 042 ***150.00

DOCUMENT # P00000115318

1. Entity Name
IDEAL AUTOMOTIVE GROUP, INC.

Principal Place of Business

**6530 E COLONIAL DR
 ORLANDO FL 32807**

Mailing Address

**6530 E COLONIAL DR
 ORLANDO FL 32807**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-368762-3686666

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHAARE, JANET
 3827 REGENTS WAY
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PVT ☐ Delete
NAME JOHNSON, JENNIFER
STREET ADDRESS 1536 LILLY OAKS DR
CITY-ST-ZIP GOTHIA FL 34734

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 407 654-8562
 Date Daytime Phone #

CR2E034 (9/01)

Attachment # P00000115318/632459

AMOUNT OF DEPOSIT (Do NOT type, please print)		DOLLARS		CENTS	
Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name. See instructions on page 1.		<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/> 1st Quarter	
		<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/> 2nd Quarter	
		<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/> 3rd Quarter	
		<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/> 4th Quarter	
EIN 59-3687638 192612		<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042		
		<input type="checkbox"/> 940			
BANK NAME/ DATE STAMP		IRS USE ONLY			
IDEAL AUTOMOTIVE GROUP INC % JENNIFER R JOHNSON 3827 REGENTS WAY OVIDO FL 32765-9619		<input type="checkbox"/>			
07 2 Telephone number (407) 654-8562		FOR BANK USE IN MICR ENCODING			

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)

PLEASE CHECK THIS