

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90120 019 ***150.00

DOCUMENT # P01000001285

1. Entity Name

ID MERCHANDISE, INC.



Principal Place of Business

**1824 SUNSET POINT RD., #0
CLEARWATER FL 33765**

Mailing Address

**1824 SUNSET POINT RD., #0
CLEARWATER FL 33765**

2. Principal Place of Business

500 9th AVE So. STE C5

3. Mailing Address

500 9th AVE So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE C5

City & State

SAFETY HARBOR FL

City & State

SAFETY HARBOR FL

Zip

34695

Country

USA

Zip

34695

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3688017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BITAR, JEAN

**1824 SUNSET POINT RD., #0
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name **HANNA SALIBA**

Street Address (P.O. Box Number is Not Acceptable)

**500 9th AVE So
STE C5**

City

SAFETY HARBOR

FL

Zip Code

34695

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

4-11-03

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

TITLE **P** ☒ Delete
NAME **BITAR, JEAN**
STREET ADDRESS **1824 SUNSET POINT RD., #0**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **S** ☒ Delete
NAME **ARIDAR, BRANDY**
STREET ADDRESS **2566 S OAK TRAIL 208**
CITY-ST-ZIP **CLEARWATER FL 33764**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **HANNA SALIBA**
STREET ADDRESS **500 9th AVE So #C5**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **BRANDY BITAR**
STREET ADDRESS **500 9th AVE So #C5**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

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

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

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

4-11-03

727-669-9141

Date

Daytime Phone #

CR2E034 (10/02)