

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000084687

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: IBID NATIONAL, INC.

Current Principal Place of Business:

725 PRIMERIA BLVD., STE. 235
LAKE MARY, FL 32746

New Principal Place of Business:

934 N. UNIVERSITY DIRVE
202
CORAL SPRINGS, FL 33071

Current Mailing Address:

725 PRIMERIA BLVD., STE. 235
LAKE MARY, FL 32746

New Mailing Address:

934 N. UNIVERSITY DRIVE
202
CORAL SPRINGS, FL 33071

FEI Number: 59-3699304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORY, BOBBY E
725 PRIMERIA BLVD., STE. 235
LAKE MARY, FL 32746

Name and Address of New Registered Agent:

STORY, BOBBY E
934 N. UNICERSITY DRIVE
202
CORAL SPRINGS, FL 33071

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: BOBBY E STORY

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STORY, BOBBY E
Address: 725 PRIMERIA BLVD., STE. 235
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SPANIAK, GARY JR
Address: 934 N. UNIVERSITY DRIVE STE 202
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DST () Change (X) Addition
Name: MARKLEY, STEVEN
Address: 934 N. UNIVERSITY DRIVE STE 202
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Change (X) Addition
Name: STORY, BOBBY E
Address: 934 N. UNIVERSITY DRIVE STE 202
City-St-Zip: CORAL SPRINGS, FL 33071

Title: N () Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

Title: N () Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

Title: N () Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY E STORY

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date