

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000084687

FILED
Apr 30, 2003
Secretary of State

Entity Name: IBID NATIONAL, INC.

Current Principal Place of Business:

934 N. UNIVERSITY DRIVE
202
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

934 N. UNIVERSITY DRIVE
202
CORAL SPRINGS, FL 33071

New Mailing Address:

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
934 N. UNICERSITY DRIVE
202
CORAL SPRINGS, FL 33071

Name and Address of New Registered Agent:

STORY, BOBBY E
934 N. UNIVERSITY 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 STORY

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

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

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

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

Title: N () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

Title: N () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

Title: N () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE MARKLEY

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date