

4/18/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90349 003 ***150.00

DOCUMENT # P01000098104**1. Entity Name**
IDEAS & INNOVATIONS, INC.**Principal Place of Business****2111 N. GOLFVIEW DRIVE**
PLANT CITY FL 33567**Mailing Address****2111 N. GOLFVIEW DRIVE**
PLANT CITY FL 33567**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3750459

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****GOLD, AARON J**
704 WEST BAY STREET
TAMPA FL 33606**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** **D** ☐ Delete
NAME **CLOSSHEY, JENNIFER E**
STREET ADDRESS **2111 N. GOLFVIEW DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567****TITLE** **D** ☐ Delete
NAME **CLOSSHEY, CHARLES P**
STREET ADDRESS **2111 N. GOLFVIEW DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567****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
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CITY-ST-ZIP**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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-02 813-359-5100

Date

Daytime Phone #

CP2E034 (9/01)