

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0446936 AV

DOCUMENT # P01000098104

1. Entity Name
IDEAS & INNOVATIONS, INC.



FILED

03 APR 21 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3750459

Applied For
Not Applicable

Zip 33566

Country

Zip 33566

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, AARON J
704 WEST BAY STREET
TAMPA FL 33606

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CLOSSHEY, JENNIFER E
STREET ADDRESS 2111 N. GOLFVIEW DRIVE
CITY-ST-ZIP PLANT CITY FL 33567

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33566

TITLE D ☐ Delete
NAME CLOSSHEY, CHARLES P
STREET ADDRESS 2111 N. GOLFVIEW DRIVE
CITY-ST-ZIP PLANT CITY FL 33567

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
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TITLE ☐ Delete
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☐ Change ☐ Addition
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CITY-ST-ZIP

☐ 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:

Jennifer E Closshey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

813-359-5100

Daytime Phone #

CR2E034 (10/02)