

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 024 ***150.00

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DOCUMENT # P02000066333

1. Entity Name
IDEAS IN FOLIAGE, INC.



Principal Place of Business
**40520 THOMAS BOAT LANDING RD
UMATILLA FL 32784**

Mailing Address
**40520 THOMAS BOAT LANDING RD
UMATILLA FL 32784**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1731

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
UMATILLA, FL

Zip

Country

Zip

32784

Country

4. FEI Number

75-3067549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLACKMORE, VIRGINIA M
40520 THOMAS BOAT LANDING RD
UMATILLA FL 32784**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Virginia M. Blackmore **VIRGINIA M. BLACKMORE, PRES.**

4/24/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	DP	<input type="checkbox"/> Delete
NAME	BLACKMORE, VIRGINIA M	
STREET ADDRESS	40520 THOMAS BOAT LANDING RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	BLACKMORE, IAN D	
STREET ADDRESS	40520 THOMAS BOAT LANDING RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Virginia M. Blackmore **VIRGINIA M. BLACKMORE PRES.** **4/24/03** **352-669-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)