2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 04, 2003 8:00 am Secretary of State P02000088319 DOCUMENT # 03-04-2003 90078 024 ***150.00 1. Entity Name IDA'S PLACE, INC. Principal Place of Business Mailing Address 15130 WHETSTONE WAY 15130 WHETSTONE WAY FT. LAUDERDALE FL 33331-2838 FT. LAUDERDALE FL 33331-2838 3. Mailing Address 2. Principal Place of Business 15130 WHETSTONE 1322 NE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES SORTH LAND Applied For 4. FEI Number 4505873 City & State City & State Not Applicable FCA Country Country \$8.75 Additional 5. Certificate of Status Desired 33331 Fee Required usa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HNDERSON ANDERSON, DENNIS R Street Address (P.O. Box Number is Not Acceptable) 1320-22 NE 117TH ST. NORTH **MIAMI FL 33161** WHETSTONE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TITLE NAME anderson, Jocelyn NAME DIRECTOR) 15130 WHETSTONE WAY STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33331-2838 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 the empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐1 Change

☐ Addition

FILED