

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

DOCUMENT # P02000117000

1. Entity Name

IDEAL FLUIDS, INC.



FILED

03 JUN 26 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5536 Independence Court

3. Mailing Address

5536 Independence Court

Suite, Apt. #, etc.

Unit A

Suite, Apt. #, etc.

Unit A

City & State

Punta Gorda, Florida

City & State

Punta Gorda, Florida

4. FEI Number

14-1871069

Applied For

Not Applicable

Zip  
33982

Country  
Charlotte

Zip  
33982

Country  
Charlotte

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TARANCON, GREGORIO, III.

Street Address (P.O. Box Number is Not Acceptable)

11129 Lakeland Circle

City

Fort Myers

FL

Zip Code  
33913

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD  
NAME Tarancon, Gregorio, III.  
STREET ADDRESS 11129 Lakeland Circle  
CITY-ST-ZIP Fort Myers, Florida 33913

TITLE VD  
NAME Roland, George R.  
STREET ADDRESS 5475 Williamsburg Drive  
CITY-ST-ZIP Punta Gorda, Florida 33982

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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06/26/03--01053--001 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Gregorio Tarancon, III.

Persident

SIGNATURE:

*Gregorio Tarancon, III.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/03

941-637-6303

Date

Daytime Phone #

CR2E034B (12/02)