

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31303

1. Entity Name

IDS/B, INCORPORATED

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90027 024 ***150.00

Principal Place of Business

Mailing Address

2777 STEMMONS, SUITE 1650, LB53
DALLAS TX 75207

2777 STEMMONS, SUITE 1650, LB53
DALLAS TX 75207-2502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2075082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN
ATTN: ELVIN W. PHILLIPS
1550 RINGLING BLVD.
SARASOTA FL 34230-3258

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHWARTZ, IRVING D.
STREET ADDRESS 4443 WESTWAY
CITY-ST-ZIP DALLAS TX

TITLE ☒ Change ☐ Addition
NAME SCHWARTZ, IRVING D.
STREET ADDRESS 4928 BRIARWOOD PLACE
CITY-ST-ZIP DALLAS, TX 75209

TITLE VD ☐ Delete
NAME SCHWARTZ, JEANNINE BAZER
STREET ADDRESS 4443 WESTWAY
CITY-ST-ZIP DALLAS TX

TITLE ☒ Change ☐ Addition
NAME SCHWARTZ, JEANNINE BAZER
STREET ADDRESS 4928 BRIARWOOD PLACE
CITY-ST-ZIP DALLAS, TX 75209

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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)