## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000048660** Jan 28, 2000 8:00 am **Secretary of State** IDEA GENERATION INC. 01-28-2000 90118 002 \*\*\*158.75 Mailing Address Principal Place of Business 502 NW 75TH ST 502 NW 75TH ST SUITE 409 SUITE 409 GAINESVILLE FL 32607-1799 GAINESVILLE FL 32607-1676 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3360662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen Name BEVERLY, PHIL C JR. Street Address (P.O. Box Number is Not Acceptable) 912 NE 2 ST GAINESVILLE FL 32601 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE NAME 7257 NW 4th Blud. #36 NAME TRINITY, S. STREET ADDRESS STREET ADDRESS 502 NW 75TH ST. STE 409 Gainesville, FL 32607 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607-1799 Change ☐ Addition Delete TITLE TITLE NAME 7257 NW 4# Blud #36 **EVERTT, PAULA** NAME STREET ADORESS STREET ADDRESS 502 NW 75TH ST, STE 409 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607-1799 Change \_\_\_ Addition TITLE -Delete. TITLE 7257 NW 4th Blud. #36 NAME HART, JAMIE NAME STREET ADDRESS STREET ADDRESS 502 NW 75TH ST, STE 409 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607-1799 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exher like empowered.

SIGNATURE:

Daytime Phone #