

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000021937**1. Entity Name  
IDA M. EWEN, P.A.**Principal Place of Business**901 VENETIA BAY BLVD  
SUITE 230  
VENICE  
34292

FL

**Mailing Address**6410 SPYGLASS LANE  
BRADENTON  
34202

FL

**2. Principal Place of Business**871 VENETIA BAY BLVD  
Suite, Apt. #, etc.  
SUITE 360**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

VENICE FL

**City & State****4. FEI Number**

65-0667287

**Applied For**☐ Not Applicable**Zip**  
34292**Country**  
US**Zip****Country****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**KOACH KRAIG H  
1800 2ND ST  
#803  
SARASOTA FL  
34236**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.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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, 2001 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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	EWEN IDA M	
<b>STREET ADDRESS</b>	6410 SPYGLASS LANE	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34202	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	EWEN IDA M	
<b>STREET ADDRESS</b>	6410 SPYGLASS LANE	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34202	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	EWEN IDA M	
<b>STREET ADDRESS</b>	6410 SPYGLASS LANE	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34202	
<b>TITLE</b>	<b>DR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	EWEN IDA M	
<b>STREET ADDRESS</b>	6410 SPYGLASS LANE	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34202	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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 like empowered.

**SIGNATURE:** Ida M. Ewen

Dr.

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)