

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000057697

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

**Entity Name:** INNOVATIVE DIFFERENT EFFECTIVE ALTERNATIVE SPECIALISTS, INC.

## Current Principal Place of Business:

1859 N. PINE ISLAND RD., PMB 205  
PLANTATION, FL 333225224

## New Principal Place of Business:

1844 N. NOB HILL RD, PMB 168  
PLANTATION, FL 33322

## Current Mailing Address:

1859 N. PINE ISLAND RD., PMB 205  
PLANTATION, FL 333225224

## New Mailing Address:

1844 N. NOB HILL RD, PMB 168  
PLANTATION, FL 33322

FEI Number: 65-0679405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILL, LORI D  
1859 N. PINE ISLAND RD., PMB 205  
PLANTATION, FL 333225224 US

## Name and Address of New Registered Agent:

HILL, LORI D  
1844 N. NOB HILL RD, PMB 168  
PLANTATION, FL 33322 US

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:

04/25/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HILL, JAMES F  
Address: 1859 N. PINE ISLAND RD., PMB 205  
City-St-Zip: PLANTATION, FL 333225224

Title: D ( ) Delete  
Name: HILL, LORI D  
Address: 1859 N. PINE ISLAND RD., PMB 205  
City-St-Zip: PLANTATION, FL 333225224

Title: D ( ) Delete  
Name: DRESSLER, FAY  
Address: 3090 N. COURSE DR., #801  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HILL, JAMES F  
Address: 1844 N. NOB HILL RD, PMB 168  
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Change ( ) Addition  
Name: HILL, LORI D  
Address: 1844 N. NOB HILL RD, PMB 168  
City-St-Zip: PLANTATION, FL 33322

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. HILL

PRES

04/25/2002

Electronic Signature of Signing Officer or Director

Date