2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90125 009 ***150.00

DOCUMENT # P97000006624

1. Entity Name

I.D.S. MELBOURNE, INC.

Principal Place of Business	Mailing Address
850 COURTLAND STREET SUITE 1-A ORLANDO FL 32804	850 COURTLAND STREET SUITE 1-A ORLANDO FL 32804

00052842

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2415 S. Babcock St #D	2415 S. Babcock St
Suite, Apt. #, etc. Ste. D	Suite, Apt. #, etc. Ste. D
City & State Melbourne Fl	City & State Melbourne FL
Zip 32901 Country USA	Zip 32901 Country USA

4. FEI Number 59-3420903 ☐ 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
SHECK, ROBERT L 2359 BROOKSIDE WAY INDIALANTIC FL 32903	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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHECK, MELANIE J. R. 2359 BROOKSIDE WAY INDIALANTIC FL 32903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Robert Sheck Robert Sheck 4-30-01 321 674 0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #