

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90052 011 \*\*\*150.00

**DOCUMENT # P97000035584**

1. Entity Name  
**IDEAL MANAGEMENT CONCEPTS, INC.**

Principal Place of Business <b>254 COUNTY ROAD 427 SOUTH          SUITE 132          LONGWOOD FL 32750</b>	Mailing Address <b>PO BOX 941705          MAITLAND FL 32794-1705</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1750 W. Broadway</b> Suite, Apt. #, etc. <b>Suite # 104</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Oviedo, FL</b>	City & State
Zip <b>32765</b>	Country <b>Seminole</b>

4. FEI Number <b>59-3453567</b>	Applied For <input type="checkbox"/> Not Applicable
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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

**BROWN, RONALD  
 254 COUNTY ROAD 427 SOUTH  
 SUITE 132  
 LONGWOOD FL 32750**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <b>BROWN, RONALD</b> <b>254 COUNTY ROAD 427, SUITE 132</b> <b>LONGWOOD FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ronald E. Brown, Jr.</b> <b>1750 W. Broadway, Suite 104</b> <b>Oviedo, FL 32765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: Ronald E. Brown, Jr. **Ronald E. Brown, Jr.** 4/16/01 (409) 999-7601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)