## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## FILED DOCUMENT # **P97000061360** Apr 22, 2000 8:00 am Secretary of State IDEAS DESIGN, INC. 04-22-2000 90039 002 \*\*\*158.75 Principal Place of Business Mailing Address 515 NE 4TH STREET 515 NE 4TH STREET FT. LAUDERDALE FL 33301-1153 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0777862 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WERTH, DAVID G. WERTH, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1455 HOLLY HEIGHTS DRIVE #27 FT LAUDERDALE FL 33301 Zip Code 3330 burpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ts this statement for the DAVID G.WERTH SIGNATURE 1 (NOTE: Registered Agent signatur 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Defete TITLE Change TITLE WERTH, DAVID G. WERTH, DAVID NAME NAME 4781 NE 2ND AVE. STREET ADDRESS 1455 HOLLY\_HEIGHTS DR #27 STREET ADDRESS CITY-ST-ZIP FT-LAUDERDALE, FL 33334 CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change □ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 other like empowered