

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000076428**1. Entity Name
IDM, INC.

Principal Place of Business

12230 FOREST HILL BOULEVARD
SUITE 100
WELLINGTON FL
334145786

Mailing Address

12230 FOREST HILL BOULEVARD
SUITE 100
WELLINGTON FL
334145786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2638625

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHANSEN LAWRENCE E
12230 FOREST HILL BOULEVARD
SUITE 100
WELLINGTON FL
334145786

7. Name and Address of New Registered Agent

Name

BRENNAN KEVIN M

Street Address (P.O. Box Number is Not Acceptable)

12230 FOREST HILL BOULEVARD

SUITE 100

City
WELLINGTON

FL

Zip Code
334145786

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 **KEVIN M. BRENNAN****02/14/2001**

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete
NAME	BRENNAN KEVIN	
STREET ADDRESS	12230 FOREST HILL BLVD #100	
CITY-ST-ZIP	WELLINGTON FL 334145786	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHANSEN LAWRENCE E	
STREET ADDRESS	9469 BIRDWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA HECTOR C	
STREET ADDRESS	12230 FOREST HILL BLVD. # 100	
CITY-ST-ZIP	WELLINGTON FL 334145786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSEN LAWRENCE E	
STREET ADDRESS	9469 BIRDWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Kevin M. Brennan

P

02/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)