

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91454 012 ***150.00

DOCUMENT # P98000000713

1. Entity Name

ID-OD, Inc.



DO NOT WRITE IN THIS SPACE

90127889

2. Principal Place of Business

7546 West McNab Road

Suite, Apt. #, etc.

Bay 6

3. Mailing Address

7546 West McNab Road

Suite, Apt. #, etc.

Bay 6

City & State

North Lauderdale, FL

City & State

North Lauderdale, FL

4. FEI Number

65-0805203

Applied For

Not Applicable

Zip

33068

Country

U.S.A.

Zip

33068

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Garrett, Bill

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

7546 West McNab Road

Bay 6

City

North Lauderdale

FL

Zip Code
33068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
Garrett, Bill
4103 Northwest 69th Terrace
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Garrett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

954 722 9205

Daytime Phone #

CR2E034B (12/02)