

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037141

1. Entity Name

IDLETTE ENTERPRISES, INC.

Principal Place of Business

4730 58TH AVENUE
VERO BEACH FL 32967

Mailing Address

4730 58TH AVENUE
VERO BEACH FL 32967-4459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IDLETTE, ANTHONY D
348 8TH AVENUE - S.W.
VERO BEACH FL 32962

Name
IDLETTE, EUGENE

Street Address (P.O. Box Number is Not Acceptable)
4225 29TH AVENUE

City
VERO BEACH FL Zip Code
32967

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 EUGENE IDLETTE

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

PRESIDENT

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, 2000 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 PT ☒ Delete
NAME IDELETTE, ANTHONY D
STREET ADDRESS 348 8TH AVENUE - S.W.
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME IDELETTE, EUGENE
STREET ADDRESS 4225 29TH AVE
CITY-ST-ZIP VERO BEACH FL

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME IDELETTE, JENNIFER
STREET ADDRESS 1586 43RD AVE UNIT 1
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

EUGENE IDLETTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-569-7359



DO NOT WRITE IN THIS SPACE

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90087 026 ***150.00

CR2E034 (9/99)