

2002 UNIFORM BUSINESS REPORT (UBR)

06-10-2002 90464 012 ***150.00
P98000047888

FILED

02 JUN -4 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|--|---------|
| DOCUMENT # P98000047888 | | | |
| 1. Entity Name IDEAL FINANCIAL MORTGAGES, INC. | | | |
| Principal Place of Business 1277 SPRING CIRCLE DR CORAL SPRINGS FL 33071 | | Mailing Address 1277 SPRING CIRCLE DR CORAL SPRINGS FL 33071 | |
| 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 65-0841572 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent PALARDY, BEVERLY 1277 SPRING CIRCLE DR. CORAL SPRINGS FL 33071 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. <input checked="" type="checkbox"/> <small>(See criteria on back)</small> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D PALARDY, BEVERLY 1277 SPRING CIRCLE DR CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Beverly Palardy **6/4/02** **954-755-5965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

June 5, 2002

Attachment
#P98000047888
117387

Division of Corporation
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Enclosed please find my check for \$150. I spoke to a very nice lady named Joan this morning and explained to her that my son had passed away and due to the trauma of his death it has had a great effect on my memory and that is the reason you did not receive my check before. Joan said just to send in the check for \$150 and a note explaining what had happened.

Thank you for being so considerate in this matter.

Sincerely,


Beverly Palardy