2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9800072642 **DOCUMENT #**

FILED Jun 20, 2003 8:00 am Secretary of State

NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	1. Entity Nam IDRI, INC.		1 0000	0072042	V		06-20-2003	90027 027 ***150	.00
Sulfe, Apt. #, etc.	4620 NORTH F 203	Habana ave	s	PO BOX 152495					
City & State City & State City & State City & State Country Country Country S. Cartificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent Name STULL, R. J 802 SOUTH BOULEVARD TAMPA R. 33808 City FL	2. Principal P	lace of Busin	ness	3. Mailing Address			{ 		(0 6
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fise Featured \$8.75 A	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING CHANGES	
STULL, R. J. 602 SOUTH BOULEVARD TAMPA FL. 33606 6. Name and Address of Current Registered Agent STULL, R. J. 602 SOUTH BOULEVARD TAMPA FL. 33606 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable of the corregistered agent, or both, in the State of Rorda. Lam familiar with, and acceptable of the corregistered office or registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable of the corregistered agent, or both, in the State of Rorda. Lam familiar with, and acceptable of the corregistered agent, or both, in the State of Rorda. Lam familiar with, and acceptable of the corregistered agent, or both, in the State of Rorda. Lam familiar with, and acceptable of the corregistered agent, or both, in the State of Rorda. Lam familiar with, and acceptable of the corregistered agent and the familiar with, and acceptable of the corregistered agent and the familiar with. and acceptable of the corregistered agent and the familiar with. and acceptable of the corregistered agent and the familiar with and acceptable of the corregistered agent and the familiar with and acceptable of the corregistered agent and the familiar with and acceptable of the corregistered agent and the familiar with and acceptable of the corregistered agent and the familiar with and acceptable of the corregistered agent and the familiar with and acceptable of the corregistered agent and the familiar with acceptable agent and the familiar with acceptable of the corregistered agent, or both, in the State of Rorda. Lam familiar with and acceptable of the corregistered agent and the familiar with acceptable of the corregistered agent, or both, in the State of Rorda. Lam familiar with acceptable of the corregistered agent and the familiar with acceptable of the corregistered agent and the familiar with acceptable of the corregistered agent and the familiar with acceptable of the corregistered agent	City & State	e		City & State			4. FEI Number 59-3528443		
STULL, R J 602 SOUTH BOULEVARD TAMPA FL 33608 City FL Zip Code C	Zip Country			Zip	Country		5. Certificate of Status Desired	□ \$8.75 Add	titional
STULL, R J 602 SOUTH BOULEVARD TAMPA FL 33606 City FL Zip Code 6. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME SIRET ADDRESS OITY-ST-2P TAMPA FL 33614 TILE NAME BOHAN-YANGCO, JADWIGA K SIRET ADDRESS OITY-ST-2P THE NAME ADDRESS OI	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
SIGNATURE R. This above named entity submits this statement for the purpose of changing its registered office or registered signature, hybrid or served named entity submits this statement for the purpose of changing its registered office or registered signature, to both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or served named registered agent and the inspiration. DATE DATE					Name				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signat	•					Street Address (P.O. Box Number is Not Acceptable)			
B. 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 registered agent. SIGNATURE Signature, typed or preted name of registered agent and the if applicable. (NOTE Registered Agent algrenore required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-ST-2P TAMPA FL 33614 TITLE NAME SIRET ADDRESS CITY-ST-2P TAME NAME SIRET ADDRESS CITY-ST-2P TAMPA FL 33614 TITLE NAME SIRET ADDRESS CITY-ST-2P TAME NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY	TAMPA FL 33606								
SIGNATURE Sujunture, typesd or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reintraturg) DATE	i					City		FL Zip Cod	e
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 20. OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 21. OFFICERS AND DIRECTORS 22. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 25. OFFICERS AND DI				r the purpose of changing it	s registere	ed office or registere	ed agent, or both, in the State of Fl	orida. I am familiar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2IP TAMPA FL 33614 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2IP NAME NAME NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)	DATE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	After May 1, 2003 Fee will be \$550.00						, •	· _ +	
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NAME NAME	NAME STREET ADDRESS			☐ Delete	name Stree	ET ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREI CITY-	ET ADDRESS ST-ZIP			Addition

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 officer or director of the corporation of 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURÉ:

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR