## 2002 UNIFORM BUSINESS REPORT (UBR) P99000039336

**DOCUMENT #** 1. Entity Name

IDEAL INVESTMENTS, INC.

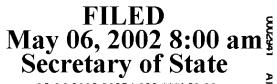
Principal Place of Business

Mailing Address

934 RUE DE PALMS NICEVILLE FL 32578 934 RUE DE PALMS

NICEVILLE FL 32578

## 2. Principal Place of Business 3 Mailing Address



05-06-2002 90274 032 \*\*\*150.00



934 RUE DE PALMS			934 RUE DE PALMS						
Suite, Apt	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS S	SPACE	
City & State NICE VILLE, FLORIDA			City & State NICEVILLE, FL		<b>4.</b> F	4. FEI Number 59-3587175			Applied For
325	78 Count	)SA	32578	Country USA	5. (	Certificate of Status Desired		<b>\$8.75</b> A	Additional
	6. Name and Add	dress of Current Re	gistered Agent 🚐	مجده سياسه	=7, N	lame and Address of New Re	gistered A	gent ~~	, p.e.
MONTOONEDY DALIE				Name					
MONTGOMERY, PAUL			}	Street Address (P.O. Box Number is Not Acceptable)					
	DE PALMS				·	* **			
NICEVILL	E FL 32578								
				City	<del></del>	FL Zip Code			ode
8. The above	e named entity submits	this statement for th	e purpose of changing its re	egistered office or	registered age	ent, or both, in the State of Flori	da.	•	
SIGNATURE		····	. <u> </u>						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requi						instating)	DATE		
				FEE IS \$150.0	00				
Tax filing requirement and elects to do so.			After May 1, 2002 Fee will be \$550.			<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncing		.00 May Be led to Fees
(See crite	ria on back)		Make Check Payable	to Department	of State	made i and deministration.	_	Auu	eu io rees
11.					ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 11
TITLE	P		☐ Delete	TITLE		•		Change	Addition
NAME	MONTGOMERY, P	AUL		NAME					
STREET ADDRESS	951 RUE DE PALM			STREET ADDRESS					
CITY-ST-ZIP	NICEVILLE FL 325	/8		CITY-ST-ZIP					
TITLE	V	IVB.	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	MONTGOMERY, M 934 RUE DE PALM			NAME					
CITY-ST-ZIP	NICEVILLE FL 325			STREET ADDRESS CITY-ST-ZIP					
TITLE	T	10				18			
NAME	MONTGOMERY, JA	ĀN	ر ہے ہے ، Deleta، لیوں بیرے بیرے	TITLE NAME	and Talendarie	erati inate e e e e e e e e e e e e e e e e e e	·		Addition
STREET ADDRESS	934 RUE DE PALA			STREET ADDRESS					
CITY-ST-ZIP	NICEVILLE FL 325			CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME			_ 20.00	NAME				Onlinge	
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP		<del></del>	7.11	CITY-ST-ZIP					
TITLE			Delete	TITLE				☐ Change	Addition
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS				NAME ,					
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
	vertify that the informati	on ourselied with the	filing does not a valid if all			(0.07(0)(1) = 1 : 1 : 1			
indicated	erary mac me miorman	on supplied with this	ming does not quality for th	e exemption state	a in Section 11	19.07(3)(i), Florida Statutes. I fu	rther certif	y 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:

SIGNATURE AND TYPED OR PRINTED