

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90274 032 ***150.00

DOCUMENT # P99000039336

1. Entity Name
IDEAL INVESTMENTS, INC.

Principal Place of Business

**934 RUE DE PALMS
 NICEVILLE FL 32578**

Mailing Address

**934 RUE DE PALMS
 NICEVILLE FL 32578**

2. Principal Place of Business

934 RUE DE PALMS

Suite, Apt. #, etc.

3. Mailing Address

934 RUE DE PALMS

Suite, Apt. #, etc.

City & State

NICEVILLE, FLORIDA

City & State

NICEVILLE, FL

4. FEI Number

59-3587175

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, PAUL
 934 RUE DE PALMS
 NICEVILLE FL 32578**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P
NAME MONTGOMERY, PAUL
STREET ADDRESS 951 RUE DE PALMS
CITY-ST-ZIP NICEVILLE FL 32578

☐ Delete

TITLE V
NAME MONTGOMERY, MYRA
STREET ADDRESS 934 RUE DE PALMS
CITY-ST-ZIP NICEVILLE FL 32578

☐ Delete

TITLE T
NAME MONTGOMERY, JAN
STREET ADDRESS 934 RUE DE PALMS
CITY-ST-ZIP NICEVILLE FL 32578

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APRIL 02

Date

(850) 621-4738

Daytime Phone #

CR2E034 (9/01)