

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041214

1. Entity Name

THE IDEA GROUP, INC.

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

08-28-2000 90037 035 ***550.00

Principal Place of Business

5255 TIVOLI AVE.
SARASOTA FL 34235

Mailing Address

5255 TIVOLI AVE.
SARASOTA FL 34235

2. Principal Place of Business

7448 Ridge Rd.
Suite, Apt. #, etc.

3. Mailing Address

8466 N. Lockwood Rd.
Suite, Apt. #, etc.

City & State

Sarasota, FL 34238

City & State

Sarasota

4. FEI Number

65-0926407

Applied For

Not Applicable

Zip

34238

Country

Sarasota

Zip

FL

Country

34243

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKAPYAK, KIP M
5255 TIVOLI AVE.
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Skapyak, Kip M

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

7448 Ridge Rd.

City

Sarasota

FL

Zip Code

34238

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

Kip M. Skapyak

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-22-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEUTSCH, JOHN	
STREET ADDRESS	753 WEST HONEYSUCKLE DR.	
CITY-ST-ZIP	CHANDLER AZ 85248	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKAPYAK, BRAD	
STREET ADDRESS	200 PARK AVE., 7TH FL.	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKAPYAK, KIP M	
STREET ADDRESS	5255 TIVOLI AVE.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Skapyak	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kip M. Skapyak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-00 941-926-7449

Date

Daytime Phone #