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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-22-2002 90243 035 ***150.00

DOCUMENT # P99000079546

1. Entity Name
IDEAL P.C., INC.

Principal Place of Business	Mailing Address
822 SAXON BLVD.,STE.2 ORANGE CITY FL 32763	822 SAXON BLVD.,STE.2 ORANGE CITY FL 32763

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
828 SAXON Blvd	828 SAXON Blvd
Suite, Apt. #, etc.: Ste 9	Suite, Apt. #, etc.: ste 9
City & State:	City & State:
Zip: / Country:	Zip: / Country:

4. FEI Number 59-3598309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Current registered agent was never changed. Should still be:
~~POIRIER, DONNA M~~
~~8 W SAXON BLVD.~~
~~STE~~
~~ORANGE CITY FL 32763~~
Spiegel & Utrera, PA
343 Almeria Ave
Coral Gables FL 33134

7. Name and Address of New Registered Agent

Name: DONNA Poirier
Street Address (P.O. Box Number is Not Acceptable): 828 SAXON Blvd, Ste 9
City: Orange City FL Zip Code: 32763

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: D a Poirier DONNA Poirier, vice president DATE: 6/13/02
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. (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. ☐ $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	PSD POIRIER, DAVID A 822 SAXON BLVD.,STE.2 ORANGE CITY FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change of Address ☐ Addition 828 SAXON Blvd, ste 9
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD POIRIER, DONNA M 822 SAXON BLVD.,STE.2 ORANGE CITY FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change of Address ☐ Addition 828 SAXON Blvd, ste 9
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CR2E034 (9/01)

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: D Poirier SIGNATURE REQUIRED DONNA Poirier 3/25/2002 386 774-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #