

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000079818**

1. Entity Name

RIGHT BRAIN IDEAS, INC.**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90313 029 ***150.00

Principal Place of Business

**5718 - 19TH AVENUE N.
ST. PETERSBURG FL 33710**

Mailing Address

**5718 - 19TH AVENUE N.
ST. PETERSBURG FL 33710**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3601633**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****COHRS, DENIS A
2841 EXECUTIVES DR
#120
CLEARWATER FL 33762****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **DOWNS, CHARLES E**
STREET ADDRESS **5718 - 19TH AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE **SD** ☐ Delete
NAME **THOMPSON, BETH A**
STREET ADDRESS **1063 MARCO DRIVE N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**TITLE **TD** ☐ Delete
NAME **DOWNS, MELANIE S**
STREET ADDRESS **5950 THIRD AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES DOWNS

Date

1/25/01

Daytime Phone #

(727) 345 9445

CR2E034 (10/00)