

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087368

1. Entity Name

IDEAL MARKETING GROUP, INC.

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90265 002 \*\*\*158.75

Principal Place of Business

Mailing Address

2030 PRINCE DRIVE  
NAPLES FL 34110

2030 PRINCE DRIVE  
NAPLES FL 34134-2923

2. Principal Place of Business

3. Mailing Address

24809 LAKE MONT COVE 24809 LAKE MONT COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 202

# 202

City & State

City & State

BONITA SPRINGS FL

BONITA SPRINGS FL

Zip

Country

Zip

Country

34134

USA

34134

USA

4. FEI Number

Applied For

650952685

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, ROBERT  
2030 PRINCE DRIVE  
NAPLES FL 34110

Name

ROBERT L. NEWMAN

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

24809 LAKE MONT COVE # 202

City

FL

Zip Code

BONITA SPRINGS 34134

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

*Robert L. Newman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*Robert L. Newman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. NEWMAN

941 949 9495

4/28/2000

Date

Daytime Phone #

CR2E034 (9/99)