FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 2002

DOCUMENT # V51022 ✓

1. Entity Name

I L D VENTURES, INC.

FILED

02 MAR 14 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
5901 ALMADEN DR Suite, Apt. #, etc	5901 ALMADEN DR Suite, Apt. #, etc.	
City & State: NAPLES, FL	City & State: NAPLES FL	4. FEI Number: 650345131 ☐ Applied For ☐ Not Applicable
Zip: 34119 Country: USA	Zip: 34119 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: IRVINE L. DUBOW

Street Address (P.O. Box Number is Not Acceptable): 5901 ALMADEN DR

City: NAPLES FL Zip Code: 34119

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] (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) ✓

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	IRVINE L. DUBOW 5901 ALMADEN DR NAPLES FL 34119	800005182118 1 -04/02/02-01021-022 ****150.00 ****150.00
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LILLIAN DUBOW 5901 ALMADEN DR NAPLES FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: IRVINE L DUBOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #