

2002 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # J84684

1. Entity Name
INDEPENDENT MERCHANDISING, INC.

FILED

02 SEP 30 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1709 FOUNTAINHEAD DR.
LAKE MARY FL 32746
US

Mailing Address

1709 FOUNTAINHEAD DR.
LAKE MARY FL 32746
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3089186

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONIH, BONNIE
1709 FOUNTAINHEAD DRIVE
LAKE MARY FL 32746

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DONIH, BONNIE
1709 FOUNTAINHEAD DR.
LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500008136095-0305 ☐ Change ☐ Addition
-10/01/02--01061--026
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SH
DONIH, BURLESON
1709 FOUNTAINHEAD DRIVE
LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

NOTARIZATION REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02 464-333-1638
Date Daytime Phone #

CR2E034 (4/02)

Attachment

#J84681

2al 2

Independent Merchandising, Inc.
1709 Fountainhead
Lake Mary, FL 32746

September 3, 2002

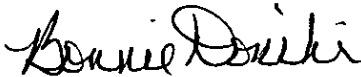
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

I am sending the original corporation fee of \$150.00 with the anticipation that you will allow my business to pay this without further penalties. I have cancer and struggle to continue doing any business, but find working a therapeutic activity. Unfortunately I often cannot keep current with all the paper work, due to some of the drugs and therapies that I am required to take. I would ask you to consider my situation when you make this decision.

Thank you in advance for looking into this matter and helping me continue with my small business.

Sincerely,



Bonnie Donihi