2002 UNIFORM BUSINESS REPORT (UBR)

1082

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	Mailing Address
1709 FOUNTAINHEAD DR. LAKE MARY FL 32746 US	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
Zip / Country	Zip / Country

4. FEI Number 59-3089186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONIHI, BONNIE
1709 FOUNTAINHEAD DRIVE
LAKE MARY FL 32746

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. 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 DONIHI, BONNIE 1709 FOUNTAINHEAD DR. LAKE MARY FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500008136095--9 -10/01/02--01061--026 ****150.00 ****150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH DONIHI, BURLESON 1709 FOUNTAINHEAD DRIVE LAKE MARY FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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 REQUIRED 9/3/02 407-333-1638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#J84681

2 of 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

Bonnie Donihi