## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

P O BOX 40067

1241 TREE BAY LANE

## J88610 **DOCUMENT #**

1. Entity Name

Principal Place of Business

1241 TREE BAY LANE

P O BOX 40067

IMAR REAL ESTATE MANAGEMENT, INC.



**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90248 011 \*\*\*150.00

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SARASOTA FL 34242			SARA	SARASOTA FL 34242								
2. Principal Place of Business			3. Mai	3. Mailing Address					J 81181 [1811 3811 81811 <del>1</del>	[ <b>1]                                     </b>		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			<b>4.</b> F	4. FEl Number 65-0004464			pplied For ot Applicable	
Zip	Country			Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name a	end Address of Co	urrent Registere	d Agent		7. Name and Address of New Registered Agent						
DADD 100DT 144DTN					Name							
RAPPAPORT, MARTIN						Street A	ddress (P.O. B	ox Number is Not Acc	eptable)			
	E BAY LANE				1							
SARASOT	TA FL 34242											
						City			FL	Zip Coo	le	
8. The above the obligati	named entity lions of registe	submits this stater red agent.	ment for the purp	ose of changing its	s registered	d office or	registered age	ent, or both, in the Stat	te of Florida. I am t	amiliar with,	and accept	
SIGNATURE .	Signature, typed or	printed name of registers	ed agent and title if app	licable. (NOT	TE: Registered	Agent signat	ire required when re	instating)	DATE			
<b>j</b> Aftej	May 1, 2003	FEE IS \$150.0 Fee will be \$50 Florida Departm	50.00 ent of State					9. Election Campa Trust Fund Con			May Be to Fees	
10.		OFFICERS	S AND DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS		RAPPAPORT, MARTIN		TITLÉ NAME STRFE	F ADDRESS				☐ Change	Addition		
CITY-ST-ZIP	1241 TREE BAY LANE SARASOTA FL			CITY-S								
TITLE	l P	P		Delete	TITLE	TITLE				☐ Change	☐ Addition	
NAME	RAPPAPOR	RAPPAPORT, IRIS		NAME								
STREET ADDRESS	1241 TREE	1241 TREE BAY LANE		STREET	ADDRESS					,		
CITY-ST-ZIP	SARASOTA	SARASOTA FL			CITY-S	ST-ZIP						
TITLE NAME				☐ Delete	TITLE NAME		Directo SAM		*	☐ Change	Addition	
STREET ADDRESS						ADDRESS	16-10 V	Main Stree	T 57#610			
CITY-ST-ZIP					CITY-S		Same A					
TITLE				☐ Delete	TITLE		Dues C	ecty, Trees	34236	☐ Change	Addition	
NAME	J				NAME		Charb	A JOY TON	<i>(-</i> 米)	C. Driange	23,100,11011	
STREET ADDRESS	!					ADDRESS	SAM.	NóvTON Varu Street	ST #610		1	
CITY-ST-ZIP					CITY-S		\$-4-6	ot=, Fl	7.10.76		į	
TITLE				☐ Delete	TITLE		_ <u> </u>	01=, 51	34136	☐ Change	Addition	
NAME				☐ Delete	NAME						☐ Variani	
STREET ADDRESS						ADDRESS					}	
CITY-ST-ZIP					CITY-S							
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TITLE				☐ Delete	TITLE		(A) = C	fective o4	121103	☐ Change	Addition (	
NAME etheet annoess					NAME	ADDRESS	(D) = T	TECHIVE	1-1/-/			
STREET ADDRESS CITY-ST-ZIP					CITY-S	ADDRESS						
O111-01-21F	l				GHT-S	1 "ZIF						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

<u>941-346-1931</u>