

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005523

1. Entity Name

IMPERIAL WAREHOUSE CONDOMINIUM ASSN., INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90008 005 ****61.25

0004915

Principal Place of Business

660 TIMUQUANA DRIVE
MERRITT ISLAND FL 32953

Mailing Address

660 TIMUQUANA DRIVE
MERRITT ISLAND FL 32953

00062546

2. Principal Place of Business

357 Imperial Blvd.
Suite, Apt. #, etc. #

3. Mailing Address

357 Imperial Blvd #5
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Canaveral

City & State

Cape Canaveral FL

Zip

32920-4219

Country

Brev

Zip

32920-4219

Country

Brevard

4. FEI Number

Applied For

Not Applicable

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

STILLEY, JOHN D
660 TIMUQUANA DRIVE
MERRITT ISLAND FL 32953

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.

SIGNATURE *John D. Stilley*
John D. Stilley
Signature, typed or printed name of registered agent and title if applicable.

Pres

(NOTE: Registered Agent signature required when reinstating)

9/1/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STILLEY, JOHN D
STREET ADDRESS 660 TIMUQUANA DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE STD
NAME STILLEY, MARY M
STREET ADDRESS 660 TIMUQUANA DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE D
NAME STILLEY, DAVID S
STREET ADDRESS 660 TIMUQUANA DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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: *John D. Stilley* 9/1/01 321-452-2435

CR2E037 (5/01)