

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059765
 1. Entity Name
IMANI INDUSTRIES, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State
 01-31-2000 90023 010 ***150.00

Principal Place of Business 312 PLUM STREET THOMASVILLE GA 31792	Mailing Address P.O. BOX 2017 THOMASVILLE GA 31799-2017 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 109 HEISMAN WAY	3. Mailing Address Suite, Apt. #, etc.
City & State THOMASVILLE GEORGIA	City & State
Zip 31792	Country USA

4. FEI Number 58-2135402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAWSON, LETA
3007 SHAMROCK NORTH
#10
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name **ELIZABETH ALDERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
944 6TH STREET W
 City **RIVIERA BEACH FL 33404**

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 *Elizabeth Alderman*
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WARD, CHARLIE JR. 312 PLUM STREET THOMASVILLE GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WARD, WILLARD 312 PLUM STREET THOMASVILLE GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DAWSON, LETA 3007 SHAMROCK NORTH #10 TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 TALMADGE LANE STAMFORD, CT 06905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 HEISMAN WAY THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 PLUM STREET THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Willard Ward* **WILLARD WARD REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1-21-00** Date **(912) 226-045** Office Phone #