

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90163 044 \*\*\*150.00

**DOCUMENT # P98000108119**

1. Entity Name  
**IMR SUB B CORP.**

Principal Place of Business

Mailing Address

26750 US HWY 19 N  
 SUITE 500  
 CLEARWATER FL 33761

26750 US HWY 19 N  
 SUITE 500  
 CLEARWATER FL 33761-3460

2. Principal Place of Business

3. Mailing Address

100 South Missouri Ave.  
 Suite, Apt. #, etc.

100 South Missouri Ave.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Clearwater, FL

City & State  
 Clearwater, FL

4. FEI Number **APPLIED FOR**  
 59-3582861

Applied For  
 Not Applicable

Zip Country  
 33756 USA

Zip Country  
 33756 USA

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

PATEL, DILIP  
 26750 US HWY 19 N  
 SUITE 500  
 CLEARWATER FL 33761

Name  
**IMRglobal Corp.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Attn: General Counsel**  
**100 South Missouri Ave.**  
 City  
**Clearwater** FL Zip Code  
**33756**

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 *[Signature]* **IMRglobal Corp by DILIP PATEL, General Counsel VPS** **4/4/00**  
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	VPS PATEL, DILIP 26750 US HWY 19 N #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANAN, SATISH 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MOLSICK, ROBERT M 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDONISIO, VINCENT 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINDMAN, JOHN R 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input checked="" 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 100 South Missouri Ave. Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
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: *[Signature]* **DILIP PATEL VPS** **4/4/00 (727) 467.8000**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)