

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454033

1. Entity Name

IMPERICO, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90001 032 \*\*\*150.00

Principal Place of Business

Mailing Address

3110 SE 3RD AVE.  
OCALA FL 34471  
US

P O BOX 7084  
OCALA FL 34472-0084  
US

2. Principal Place of Business

3. Mailing Address

22939 N.E. 114th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORANGE SPRINGS, FL

Zip

Country

Zip

Country

32682

MARION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY W PAQUIN  
3110 SE 3RD AVE  
OCALA FL 34471

Name

GREGORY W. PAQUIN

Street Address (P.O. Box Number is Not Acceptable)

22939 N.E. 114th AVE.

City

ORANGE SPRINGS

FL

Zip Code

32682

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DANUFF, MORTON L  
CITY-ST-ZIP 5361 NW 20TH PL  
OCALA FL 34482

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

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS DANUFF, LISA  
CITY-ST-ZIP 5361 NW 20TH PL  
OCALA FL 34482

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS PAQUIN, GREGORY W  
CITY-ST-ZIP 3110 SE 3RD AVE  
OCALA FL 34471

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS PAQUIN, GREGORY W.  
CITY-ST-ZIP 22939 N.E. 114th AVE.  
ORANGE SPRINGS, FL 32682

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

(352) 629-4989

Daytime Phone #

CR2E034 (9/99)