

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90035 050 ***150.00

DOCUMENT # 465255

1. Entity Name

IMPERIAL TOOL COMPANY

Principal Place of Business

1100 BOUTWELL ROAD
 LAKE WORTH FL 33461

Mailing Address

1100 BOUTWELL ROAD
 LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

1105 Wooded Acres

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

City & State

Waco, TX

Zip

Country

Zip

Country

76710

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1563596

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

DOLLY, RUTH R
1100 BOUTWELL RD
LAKE WORTH FL 33461

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVD DOLLY, RUTH R. 1100 BOUTWELL RD LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DOLLY, LOUISE A. 1100 BOUTWELL RD LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOLLY, LAWRENCE S 1100 BOUTWELL RD LAKE WORTH FL 33461	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer or trustee empowered).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(254) 772-7573

Daytime Phone #

CR2E034 (10/00)