FILED

Feb 25, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Secretary of State** 469894 1. Entity Name 02-25-2002 90090 001 ***150.00 IMPERIAL PRODUCTS, INC. Principal Place of Business Mailing Address 1885 LEE RD P.O BOX 3059 WINTER PARK FL 32790-3059 SUITE A WINTER PARK FL 32789-3707 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1572354 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32789-2108 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIES. LARRY R. Street Address (P.O. Box Number is Not Acceptable) 1885 LEE RD SUITE A WINTER PARK FL 32789 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete PSTD NAME NAME GIES, LARRY R. STREET ADDRESS STREET ADDRESS 1885 LEE RD SUITE A CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete Change Addition NAME NAME SAENZ, ALVARO M. STREET ADDRESS STREET ADDRESS APARTADO 182 ESCAZU CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CO TITLE ☐ Delete TITLE [X Change Addition NAME MEYERHOFF, ERIC C. 1885 Lee Rd., Suite A STREET ADDRESS STREET ADDRESS 2006 E WASHINGTON ST Winter Park, FL 32789 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP 13. I hereby certify that the information supplied with this filing does not quality 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 of trustee empowered to execute this report or 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 florida statutes.

SIGNATURE:

Larry R. Gies

02/11/2002 Date

(407) 628-1494 Daytime Phone #