2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 724000



FILED Mar 17, 2003 8:00 am § Secretary of State

1. Entity Name IMPERIAL EMBASSY CONDOMINIUM FOUR, INC.										1 y 01 S 0128 040 ***		
Principal Pla	ace of Busines	is	Mailing Address									
4627 BRITT DRIVE NEW PORT RICHEY FL 34652			4627 BRITT DRIVE NEW PORT RICHEY FL 34652									
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.				☐ CHECK	HERE IF	MAKING CHAN	IGES	
City & State			City & State				4. FEi Number 59-1664738 Applied For					
Zip	_ ·	Country	. Zip	Cou	ntrv			<u></u>		<u> </u>		Applicable
34652 PASCO 34652				l	SCO		5. Certificate	of Status De	esired	Fee Re	5 Additi equired	ional
6. Name and Address of Current Registered Agent					4	يرستن.	7. Name and	i Address of	New Reg	istered Agent	-	
]	Name #	ANGE	ELO VOI	PICEL	Τ.Δ			
MURRAY, PATRICK I 4644 CAMBRIDGE ST.							O. Box Numbe					
NEW PC	ORT RICHEY	FL 34652	-	}	4708	<u> 3 </u>	CAMBRII	GE AV	E	7	Codo	
				[NEW	V PC	ORT RIC	HEY,	FL.		Code 5.5.2	
8. The above the obligation	re named entit ations of regist	y submits this statement for tered agent.	r the purpose of changing its	registere	d office or req	gistered	d agent, or bot	th, in the Sta	te of Florid	a. I am familiar	with, an	nd accept
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SIGNATURE	1/1	malle 1	alkerel &	le (PRASIL	Nas	nT)		3	12/8	3	}
Ų	Signature, typed	or prized name of registered agent	and title applicable. (NOTE	: Registered	Agent signature re	required w	hen reinstating)			DATE	-	
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor								1		····		
	FILE NOW	: FEE IS \$61.25		. •			\$5.00 May B Added to Fees			Check Paya Department		
10.		OFFICERS AND DIF	Trust Fund C	. •		Δ	Added to Fees		Florida		of Sta	ate
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10. TITLE NAME	P MURRAY,	OFFICERS AND DIF	Trust Fund C	11. TITLE NAME	n. D	AC	Added to Fees	ANGES TO (Florida OFFICERS	Department AND DIRECTOR	of Sta	ate
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

727-847-1836