## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100000826  1. Entity Name 2IMAGINE INC.							Apr 10, 2002 8:00 am Secretary of State 04-10-2002 90668 035 ***150.00
Principal Plac 522 PINELLAS TIERRA VERD	S BAYWAY. #		Mailing Address 522 PINELLAS BAYWAY, #208 TIERRA VERDE FL 33715				B0064665
2. Principal F Suite, Apt.		ness	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & Stat	te		City & State				4. FEI Number 51-0402792 Applied For Not Applicable
Zip Country			Zip	Country			Certificate of Status Desired
6. Name and Address of Current Registered Agent  Na  PERRY, WAYNE  522 PINELLAS BAYWAY, #208  TIERRA VERDE FL 33715  Cit						ARE ess (P.	EN S. KEATON C. BOX Number is Not Acceptable) BEACH BLUD!
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							
Tax filing ( (See criter		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND D AYNE LAS BAYWAY, #208 ERDE FL 33715	Delete	II.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	جه - پايو-افغاني : :	□ Delete	- 11		5 28 TEE	TE A. PERRY Change Maddition a RINEURS BATWAY #208 ERRA VEROE, FL. 33715
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	Ш			☐ Change ☐ 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: 3-20-02  SIGNATURE AND TYPED OF PRINTED NAME OF FIGURE OR DIRECTOR  Date Destine Phone #							