

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90216 037 ***150.00

DOCUMENT # F92000000099



1. Entity Name
IMI ELECTRONICS, INC.

Principal Place of Business
**13191 56TH COURT
STE 106
CLEARWATER FL 33760
US**

Mailing Address
**13191 56TH COURT
STE 106
CLEARWATER FL 33760
US**



2. Principal Place of Business
**13130 56th Court
Suite, Apt. #, etc.
Ste 602
City & State
Clearwater FL**

3. Mailing Address
**13130 56th Court
Suite, Apt. #, etc.
Ste 602
City & State
Clearwater FL**

☐ CHECK HERE IF MAKING CHANGES

Zip Country
33760 USA

Zip Country
33760 USA

4. FEI Number **04-2958860**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	AGNEW, HUGH
STREET ADDRESS	PREMIER WAY, ABBEY PARK
CITY-ST-ZIP	ROMSEY, ENGLAND
TITLE	S <input type="checkbox"/> Delete
NAME	LAW, ROBERT
STREET ADDRESS	13191 SOUTH CT #106
CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR Vincent Geake
STREET ADDRESS	Abby Park
CITY-ST-ZIP	Romsey, England
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR Charles Marshall
STREET ADDRESS	Abby Park
CITY-ST-ZIP	Romsey, England
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR David Minors
STREET ADDRESS	Abby Park
CITY-ST-ZIP	Romsey England
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR Phil Dowson
STREET ADDRESS	Abby Park
CITY-ST-ZIP	Romsey England

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 607, 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: **SIGNATURE REQUIRED Robert Law** 2-10-03 727-540-0229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)