

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000005920**

1. Entity Name

IMC SECURITIES, INC.

Principal Place of Business

**5901 EAST FOWLER AVENUE
TAMPA FL 33617-2362**

Mailing Address

**5901 EAST FOWLER AVENUE
TAMPA FL 33617-2362**

2. Principal Place of Business

10014 N. Dale Mabry

Suite, Apt. #, etc.

#101

City & State

Tampa, FLZip
33618

Country

3. Mailing Address

10014 N. Dale Mabry

Suite, Apt. #, etc.

#101

City & State

Tampa, FLZip
33618

Country

4. FEI Number **59-3284026**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEDRICK, CHARLES V	
STREET ADDRESS	200 LAURA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202-3527	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, TIMOTHY W	
STREET ADDRESS	5901 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33617-2362	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGLER, MITCHELL W	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE #3104	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DPCE	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS, GEORGE	
STREET ADDRESS	5901 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33617-2362	
TITLE	DCOO	<input checked="" type="checkbox"/> Delete
NAME	MIDDLETON, THOMAS G.	
STREET ADDRESS	5901 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33617-2362	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LAURIE S	
STREET ADDRESS	5901 EAST FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33617-2362	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Pitocco	
STREET ADDRESS	10014 N. Dale Mabry, #101	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Ault	
STREET ADDRESS	10014 N. Dale Mabry, #101	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Melone	
STREET ADDRESS	10014 N. Dale Mabry, #101	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zina Zuk	
STREET ADDRESS	10014 N. Dale Mabry, #101	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kris Hood	
STREET ADDRESS	10014 N. Dale Mabry, #101	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Kris Hood, Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 968-9852

DO NOT WRITE IN THIS SPACE

D0047443

CR2E034 (10/00)