

DOCUMENT # F96000003591

1. Entity Name

IMPRESSIONS BY DESIGN, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90049 001 ***150.00

Principal Place of Business

Mailing Address

2810 SANCHO PANZA CT
PUNTA GORDA FL 33950
US

2810 SANCHO PANZA CT
PUNTA GORDA FL 33950-6354
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

4. FEI Number 65-0666714

Applied

Not App

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITLEY, SANDRA -
2810 SANCHO PANZA CT.
PUNTA GORDA FL 33950

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Ma
Added to Fe

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WHITLEY, SANDRA
2810 SANCHO PANZA CT
PUNTA GORDA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MAGURCZEK, JASON
407 GRANT ST
PORT ORANGE FL 32127 ☐ Delete

TITLE
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☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Sandra Whitley Sandra Whitley Pres 1/07/00 941575715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #