

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90119 007 ***150.00

DOCUMENT # F99000006293

1. Entity Name

IM PRESS, INC.

Principal Place of Business

1175 HIGHWAY A1A, STE 7046
 SATELLITE BEACH FL 32937

Mailing Address

PO BOX 372884
 SATELLITE BEACH FL 32937

3220 RIVER VILLA Way #160
 MELBOURNE BEACH, FL 32951

2. Principal Place of Business

3220 RIVER VILLA Way
 Suite/Apt. #, etc.
 #160

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

City & State

Zip

32951 ISREDAO

Country

4. FEI Number 54-1694234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, MONTENE S

435 PARK AVENUE 307 TRINIDAD DRIVE →
 SATELLITE BEACH FL 32937

Name

SULLIVAN, MONTENE S

Street Address (P.O. Box Number is Not Acceptable)

307 TRINIDAD DRIVE

SATELLITE BEACH, FL

City

FL

Zip Code

32937

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 PCD
 NAME SCANLON, CHARLES F
 STREET ADDRESS 435 PARK AVE 3220 RIVER VILLA Way
 CITY-ST-ZIP SATELLITE BEACH FL #160 MELBOURNE BEACH, FL 32951

TITLE V
 NAME SCANLON, BARBARA J
 STREET ADDRESS 8036 OAK HOLLOW LANE
 CITY-ST-ZIP FAIRFAX STATION VA

TITLE S
 NAME SCANLON, KELLIE L
 STREET ADDRESS 8036 OAK HOLLOW LANE
 CITY-ST-ZIP FAIRFAX STATION VA

TITLE T
 NAME NEIL, ASHLYN
 STREET ADDRESS 8036 OAK HOLLOW LANE
 CITY-ST-ZIP FAIRFAX STATION VA

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 April 2001

Date

Daytime Phone #

321-837-0238

2001

CR2E034 (10/00)