

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35234

1. Entity Name

IMRGLOBAL CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90167 007 ***150.00

Principal Place of Business

26750 US HWY 19 N. STE. 500
CLEARWATER FL 33761
US

Mailing Address

26750 US HWY 19 N. STE. 500
CLEARWATER FL 33756-5763
US

2. Principal Place of Business

100 South Missouri Ave.
Suite, Apt. #, etc.

3. Mailing Address

100 South Missouri Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-2911475

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, DILIP ESQ.
26750 US HWY 19 N, STE. 500
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name

Patel, Dilip Esq.

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

100 South Missouri Ave.

City
Clearwater

FL

Zip Code

33756

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]

DILIP PATEL, Esq.

4/4/00

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANAN, SATISH K	
STREET ADDRESS	26750 US HWY 19 NO SUITE 500	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOWGROVE, JEFFREY S	
STREET ADDRESS	26750 US HWY 19 N, STE. 500	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATEL, DILIP	
STREET ADDRESS	26750 U.S HIGHWAY 19 NORTH, SUITE 500	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SRIDHARAN, KASI V	
STREET ADDRESS	26750 US HWY 19 N SUITE 500	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEAN, MICHAEL	
STREET ADDRESS	26750 U.S HIGHWAY 19 NORTH, SUITE 500	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTHIN, CHARLES	
STREET ADDRESS	26750 US HWY 19 N, STE. 500	
CITY-ST-ZIP	CLEARWATER FL 33761	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 South Missouri Ave.	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as above	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as above	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chief Financial Officer (CFO)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert M. Molsick	
STREET ADDRESS	Same as above.	
CITY-ST-ZIP		
TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Shipperlee	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as above	
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)(j), 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] DILIP PATEL, Esq., Secretary

4/4/00

(727) 467-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)