

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am  
Secretary of State

04-11-2001 90125 038 \*\*\*150.00

DOCUMENT # K35234

1. Entity Name

IMRGLOBAL CORP.

Principal Place of Business

100 SOUTH MISSOURI AVE  
CLEARWATER FL 33756  
US

Mailing Address

100 SOUTH MISSOURI AVE  
CLEARWATER FL 33756  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2911475

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, DILIP ESQ.  
100 SOUTH MISSOURI AVE  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name ~~IMRGlobal Corp.~~ DILIP PATEL

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

~~Attorney General Counsel~~

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]* IMRGlobal Corp.  
by Dilip Patel, ~~Attorney General Counsel~~

DILIP PATEL  
General Counsel

*[Signature]* 4/6/01 signed 5/18/01

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	PD	<input type="checkbox"/> Delete
NAME	SANAN, SATISH K	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOWGROVE, JEFFREY S	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATEL, DILIP	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	MOLSICK, ROBERT M	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHIPPERLEE, PHILIP	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTHIN, CHARLES	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dean, Michael J.	
STREET ADDRESS	100 South Missouri Ave.	
CITY-ST-ZIP	Clearwater, FL 33756	
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		

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]* DILIP PATEL Secretary

4/6/01

727 467 8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #