

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007825

1. Entity Name

IMPERIAL MARKETING, L.L.C.

Principal Place of Business

5325 CHARLAIN AVENUE
LAKELAND FL 33810 - 8235

Mailing Address

5325 CHARLAIN AVENUE
LAKELAND FL 33810 - 8235

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLUMLEE, HARLIN K
5325 CHARLAIN AVENUE
LAKELAND FL 33810 - 8235

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PLUMLEE, HARLIN K
STREET ADDRESS 5325 CHARLAIN AVENUE
CITY-ST-ZIP LAKELAND FL 33810 - 8235

TITLE MGRM ☐ Delete
NAME PLUMLEE, LAWRENCE H
STREET ADDRESS 5325 CHARLAIN AVENUE
CITY-ST-ZIP LAKELAND FL 33810 - 8235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 400002415774
STREET ADDRESS -10/05/00-01114--012
CITY-ST-ZIP *****50.00 *****50.00

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature of Harlin K. Plumlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

09/22/00 (863) 815-7541
Date Daytime Phone #

CR2E083 (5/00)