

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90099 037 \*\*\*150.00

**DOCUMENT # M80335**

1. Entity Name

**INTERNATIONAL MANAGEMENT STRATEGIES, INC.**

Principal Place of Business

**555-A BECKRICH RD  
 STE. 114  
 PANAMA CITY BEACH FL 32407  
 US**

Mailing Address

**555-A BECKRICH RD  
 STE 114  
 PANAMA CITY BEACH FL 32407  
 US**

2. Principal Place of Business

**11208 Hutchison Blvd.  
 Suite, Apt. #, etc.  
 #114**

3. Mailing Address

**11208 Hutchison Blvd.  
 Suite, Apt. #, etc.  
 #114**

City & State

**Panama City Beach  
 Zip 32407 Country USA**

City & State

**Panama City Beach  
 Zip 32407 Country USA**

4. FEI Number **59-2937052**

Applied For

Not Applicable

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

**PEDEN, MICHAEL E  
 555-A BECKRICH RD  
 SUITE 114  
 PANAMA CITY BEACH FL 32407**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **PEDEN, CHERYL S.**  
 STREET ADDRESS **527 BECKRICH RD., #114**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL**

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

TITLE **DST** ☐ Delete  
 NAME **PEDEN, MICHAEL E.**  
 STREET ADDRESS **527 BECKRICH RD #114**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: **Cheryl S Peden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-01**

Date

**850-236-2384**

Daytime Phone #

CR2E034 (10/00)