

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000004806****1. Entity Name**  
IMAGINE PASCO ADA COMPLIANT TODAY, INC.**Principal Place of Business**  
4321 PLAZA DRIVE APT D-201  
  
HOLIDAY FL 34691**Mailing Address**  
4321 PLAZA DRIVE APT D-201  
  
HOLIDAY FL 34691**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number** ☒ 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**BREWSAUGH JUDITH  
4321 PLAZA DRIVE APT D-201  
  
HOLIDAY FL 34691Name  
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** **09/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |
|       |      |                |             |                                 |
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|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |

| TITLE | NAME               | STREET ADDRESS              | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------|-----------------------------|-------------|---------------------------------|--|
| D     | BARRATTA BARBARA A | 2735-A SHERBROOKE LANE      | FL 34684    |                                 |  |
| D     | KENNEDY CHRIS      | 6710 SHADY ACRES BLVD       | FL 34653    |                                 |  |
| C/T   | BREWSAUGH JUDITH A | 4321 PLAZA DRIVE, APT D-201 | FL 34691    |                                 |  |
|       |                    |                             |             |                                 |  |
|       |                    |                             |             |                                 |  |
|       |                    |                             |             |                                 |  |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Judith A Brewsaugh **C** **09/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)