

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90022 038 \*\*\*150.00

0308264 AV

**DOCUMENT # P01000012917**

1. Entity Name  
**IMCO GROUP INC.**

Principal Place of Business  
**3020 N. FEDERAL HWY.  
 SUITE 11B  
 FT. LAUDERDALE FL 33306**

Mailing Address  
**3020 N. FEDERAL HWY.  
 SUITE 11B  
 FT. LAUDERDALE FL 33306**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Karen Tekulsky  
 Suite, Apt. #, etc.  
 648 SW 3 St**

3. Mailing Address  
**Karen Tekulsky  
 Suite, Apt. #, etc.  
 648 SW 3 St**

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

4. FEI Number  
**65-1013481**

Applied For  
 Not Applicable

Zip  
**33486**

Country  
**USA**

Zip  
**33486**

Country  
**USA**

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

**TEKULSKY, KAREN  
 3020 N. FEDERAL HWY.  
 SUITE 11B  
 FT. LAUDERDALE FL 33306**

Name

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

**648 SW 3 St**

City

**Boca Raton**

**FL**

Zip Code  
**33486**

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, 2002 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 **TEKULSKY, KAREN**  
 STREET ADDRESS **3020 N. FEDERAL HWY. STE. 11B**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☒ Change ☐ Addition  
 NAME **648 SW 3 St**  
 STREET ADDRESS **Boca Raton FL**  
 CITY-ST-ZIP **33486**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE: **KAREN S. TEKULSKY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-26-02 561 347 1122**

CR2E034 (9/01)