

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90149 016 ***158.75

DOCUMENT # P01000023268

1. Entity Name

IMAGINAIL CORPORATION

Principal Place of Business

**1407 NORTH FT. HARRISON
 STE. H
 CLEARWATER FL 33755**

Mailing Address

**1407 NORTH FT. HARRISON
 STE. H
 CLEARWATER FL 33755**

2. Principal Place of Business

**1107 North A Street West
 Suite, Apt. #, etc.**

3. Mailing Address

**1107 North A. Street West
 Suite, Apt. #, etc.**

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

4. FEI Number

59-3702566

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WEBER, MICHAEL R

1407 NORTH FT. HARRISON

STE. H

CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Michael R. Weber

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

1107 North A. Street West

City

Tampa

FL

Zip Code

33606

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

Michael R. Weber

Michael R. Weber

4/10/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, MICHAEL R	
STREET ADDRESS	1407 NORTH FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, LUIZ D	
STREET ADDRESS	1407 NORTH FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANHAN, CECIL	
STREET ADDRESS	1407 NORTH FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weber, Michael R.	
STREET ADDRESS	1107 North A Street West	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUHOOK, William, Jr. R.	
STREET ADDRESS	1107 North A Street West	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANBERG, LESLIE A.	
STREET ADDRESS	1107 North A Street West	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gibson, H. Gerald	
STREET ADDRESS	1107 North A. Street West	
CITY-ST-ZIP	Tampa, Florida 33606	
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:

Michael R. Weber

Michael R. Weber

4/10/2002 (813)251-9305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)