

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

Zip

33606

Country

Hillsborough

City & State

TAMPA, Florida

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

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

*M. R. Weber*  
Signature, typed or printed name of registered agent and title if applicable.

Michael R. Weber

4/10/02

DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, MICHAEL R 1407 NORTH FT. HARRISON CLEARWATER FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Weber, Michael R. 1107 North A Street West TAMPA, Florida 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, LUIZ D 1407 NORTH FT. HARRISON CLEARWATER FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T VANHOOK, William, Jr. R. 1107 North A Street West TAMPA, Florida 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANHAN, CECIL 1407 NORTH FT. HARRISON CLEARWATER FL 33755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANBERG, Leslie A. 1107 North A Street West TAMPA, Florida 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gibson, H. Gerald 1107 North A. Street West TAMPA, Florida 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*M. 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 #