

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90091 046 \*\*\*158.75

0454614 AV

**DOCUMENT # P01000023268**

1. Entity Name  
**IMAGINAIL CORPORATION**



Principal Place of Business  
**1107 WEST NORTH A STREET  
TAMPA FL 33606**

Mailing Address  
**1107 WEST NORTH A STREET  
TAMPA FL 33606**

**11008555**



2. Principal Place of Business

**7887 BRYAN DAIRY Rd.**

Suite, Apt. #, etc.

**Suite 221**

City & State

**Largo, Florida**

Zip

**33777**

Country

**USA**

3. Mailing Address

**7887 BRYAN DAIRY Rd.**

Suite, Apt. #, etc.

**Suite 221**

City & State

**Largo, FL**

Zip

**33777**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

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  
1107 NORTH A ST W  
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name  
**Weber, Michael R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7887 BRYAN DAIRY Rd.**  
**Suite 221**  
City  
**Largo, FL** Zip Code  
**33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**Michael R. Weber**

**4/14/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, MICHAEL R 1107 NORTH A ST W TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVA, LUIZ D 1107 NORTH A ST W TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANBERG, LESLIE A 1107 NORTH A ST W TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, H. GERALD 1107 NORTH A ST W TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Weber, Michael R. 7887 BRYAN DAIRY Rd., Ste. 221 Largo, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVA, LUIZ B. 7887 BRYAN DAIRY Rd., Ste. 221 Largo, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANBERG, LESLIE A. 7887 BRYAN DAIRY Rd., Ste. 221 Largo, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gibson, H. Gerald 7887 BRYAN DAIRY Rd., Ste. 221 Largo, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VANHOOK, William R. Jr. 7887 BRYAN DAIRY Rd., Suite 221 Largo, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **William R. VanHook, Jr. CFO** 4/14/03 (727) 418 0814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)