

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90104 010 \*\*\*158.75

**DOCUMENT # P01000056263**

1. Entity Name  
**IMPRESSIONS & MOORE..., INC.**

Principal Place of Business  
**812 HAWTHORNE TERR.  
 WESTON FL 33327**

Mailing Address  
**812 HAWTHORNE TERR.  
 WESTON FL 33327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1113202**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOORE, SUZANNE  
 812 HAWTHORNE TERR.  
 WESTON FL 33327**

Name

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

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 **PD** ☐ Delete  
 NAME **MOORE, SUZANNE**  
 STREET ADDRESS **812 HAWTHORNE TERR.**  
 CITY-ST-ZIP **WESTON FL 33327**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

Impressions and Moore Inc...

812 Hawthorn Terrace

Weston, FL 33327

872391

# P01000056263

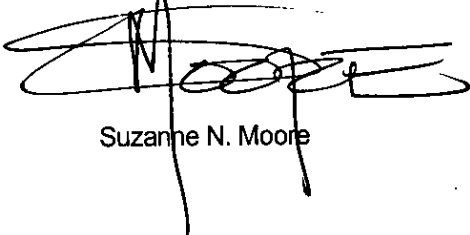
Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

September 13, 2002

To Whom It May Concern:

Please accept this letter on behalf of Impressions and Moore Inc... as a formal apology and explanation for the late remittance on the taxes due for May 2002. The company is still fairly new as it was formerly registered in June 2001, and as I am still in the learning process, the delinquency is due to an oversight on my part. In addition, there has been no income generated to date. I am remitting the amount due of \$150.00, and hereby request that any penalty assessed be waived.

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzanne N. Moore', with a large, stylized initial 'M'.

Suzanne N. Moore