

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90053 020 ***150.00

DOCUMENT # **P01000065062**



1. Entity Name
IMAGINATIVE SOLUTIONS, INC.

Principal Place of Business
**1300 N. FERNCREEK AVE.
ORLANDO FL 32803**

Mailing Address
**1300 N. FERNCREEK AVE.
ORLANDO FL 32803**



2. Principal Place of Business
**2855 S. Conway Rd
Suite, Apt. #, etc.
203**

3. Mailing Address
**Same as New
Suite, Apt. #, etc.
Principal Acc of Business**

CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number **59-3729259**

Applied For
 Not Applicable

Zip **32812** Country **Orlando USA**

Zip **32812** 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

**TRIBIT, TIMOTHY S
1300 N. FERNCREEK AVE.
ORLANDO FL 32803**

Name
Tome Ferreira, Linken
Street Address (P.O. Box Number is Not Acceptable)
2855 S. Conway Rd #203
City **Orlando FL** Zip Code **32812**

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]* **LINKEN TOME FERREIRA** DATE **01-16-03**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D <input checked="" type="checkbox"/> Delete
STREET ADDRESS	TRIBIT, TIMOTHY S 1300 N. FERNCREEK AVE. ORLANDO FL 32803
TITLE NAME	M <input type="checkbox"/> Delete
STREET ADDRESS	TOME FERREIRA, LINKEN 1300 N. FERNCREEK AVE. ORLANDO FL 32803
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

TITLE NAME	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Tome Ferreira, Linken 2855 S. Conway Rd. Apt #203 Orlando, FL 32812
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2855 S. Conway Rd. Apt #203 Orlando, FL 32812
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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 the empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE **01-16-03** DAYTIME PHONE # **407.737.8711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)