

# 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

3. Mailing Address

2855 S. Conway Rd  
Suite, Apt. #, etc.  
203

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 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

01-16-03

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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-03

Date

407.737.8711

Daytime Phone #

CR2E034 (10/02)