

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91017 018 ***150.00

DOCUMENT # P01000088326

1. Entity Name
IMPROVEMENT AND DEVELOPMENT CORPORATION



Principal Place of Business
1290 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

Mailing Address
1290 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

2. Principal Place of Business
690 A Sabal Palm Cir

3. Mailing Address
690 A Sabal Palm Circle



Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
59-3741048

Applied For
Not Applicable

Zip Country
32701 USA

Zip Country
32701 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

GIORGI, YVONNE M
1290 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$560.00
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
STREET ADDRESS
CITY-ST-ZIP
PVST
VIVAS RINCON, INES ELISA
1290 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
Vivas Rincon, Ines Elisa
690 A Sabal Palm Circle
Altamonte Springs, FL 32701

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VIVAS RINCON, INES ELISA
1290 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Vivas Rincon, Ines Elisa
690 A Sabal Palm Circle
Altamonte Springs FL 32701

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/03 407-332-6706

CR2E034 (10/02)