

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90030 045 ***150.00

DOCUMENT # P01000114676

1. Entity Name

IMPRESSIONS RESTAURANT & LOUNGE, INC.

Principal Place of Business

**2309 SOUTH ORANGE AVE
 ORLANDO FL 32806**

Mailing Address

**2309 SOUTH ORANGE AVE
 ORLANDO FL 32806**

2. Principal Place of Business

2309 SOUTH ORANGE AV

3. Mailing Address

2309 SOUTH ORANGE AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

82-0545296

Applied For

Not Applicable

Zip

32806

Country

ORANGE

Zip

32806

Country

ORANGE

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

THOMAS, MICHAEL

2309 SOUTH ORANGE AVE

ORLANDO FL 32806

Name

MICHAEL EDMONDSON

Street Address (P.O. Box Number is Not Acceptable)

2309 SOUTH ORANGE AVE

City

ORL.

FL

32806

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

4/3/02

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	THOMAS, MICHAEL	2309 SOUTH ORANGE AVE	ORLANDO FL 32806	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MICHAEL THOMAS	2309 SOUTH ORANGE AVE	ORLANDO FL 32806		
				<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

4/3/02

Date

Daytime Phone #

CR2E034 (9/01)