

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90202 048 \*\*\*150.00

04/7/27 AV

**DOCUMENT # P02000014677**

1. Entity Name  
**INFORMATION MANAGEMENT SPECIALISTS, INC.**



Principal Place of Business  
**3601 COQUINA KEY DR SE  
SAINT PETERSBURG FL 33705**

Mailing Address  
**3601 COQUINA KEY DR SE  
SAINT PETERSBURG FL 33705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0608906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIKENCZY, CHRISTOPHER P  
3601 COQUINA KEY DR SE  
SAINT PETERSBURG FL 33705**

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

*Christopher P. Wikenczy*

**5-1-03**

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

(NOTE: Registered Agent signature required when reinstating)

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  
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 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:

*Christopher P. Wikenczy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-03**

Date

**727-895-4349**

Daytime Phone #

CR2E034 (10/02)



May 1, 2003

To Whom It May Concern:

I would like to apologize for the delay in getting this sent in. It was mixed in with the information sent to my accountant with my other tax records. I am still a new business owner and have not done these types of things before. I really can't afford to pay the extra \$400 and the person I spoke with on the phone assured me it would be ok to send in the \$150 and a letter explaining the delay. Thank you for your help, and again, please accept my apology.

Regards,



Chris Wikenczy  
President

Information Management Specialists, Inc.