

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000027504*

1. Entity Name

Imagine That of Volusia



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3566 Sugar Plum Ln

3. Mailing Address

1515 Ridge wood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Holly Hill FL

Zip

32119 Volusia

Zip

32117

County

Volusia

900025312689

12/09/03--01015--012 **150.00

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4. FEL Number

03-0398722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

De Roguidice

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

1515 Ridge wood Ave

Ste A

City

Holly Hill

FL

Zip Code

32117

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

11/1/03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Peterson Don F 3566 Sugar Plum Ln Port Orange FL 32119</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Peterson Michelle m 3566 Sugar Plum Ln Port Orange FL 32119</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Don F Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/03 (386) 295-6301

Florida Department of State
Attn: (UBR 2003)
P O Box 6327
Tallahassee, FL 32314-6327

November 30, 2003

Dear Sir or Madam:

As per our conversation 11/28/03 with your office, this letter is to inform your office that

We never received our 2003 uniform business report. Our office spoke with a supervisor this person advised me to let your office know of the correct address.

Since we never received the form on time we could not file it. We then went to forms request and asked for a UBR to be mailed, it did not come. We then downloaded a blank form per your office request. Please make the correct changes to my records and file my corporation UBR form for 2004.

Thank you for your time in concerning this matter.

Sincerely,
IMAGINE THAT OF VOLUSIA INC
3566 SUGAR PLUM LANE
PORT ORANGE FL 32119