

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91107 039 ***150.00

DOCUMENT # P22945

1. Entity Name

IMPERIAL OPERATIONS CORP.

Principal Place of Business

Mailing Address

**6140 PARKLAND BLVD
 #110
 MAYFIELD HEIGHTS OH 44124**

**6140 PARKLAND BLVD
 #110
 MAYFIELD HEIGHTS OH 44124**

B0045562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1603214

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMSICH, ROBERT J	
STREET ADDRESS	151 VIA BELLARIA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BRAINARD, PATRICK J	
STREET ADDRESS	3873 BETHANY ROAD	
CITY-ST-ZIP	UNIVERSITY HTS OH 44118	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOMSICH, JOHN R	
STREET ADDRESS	407 EAGLE TRACE ROAD	
CITY-ST-ZIP	MAYFIELD HTS OH 44124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6140 Parkland Blvd.	
CITY-ST-ZIP	Mayfield Heights, OH 44124	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6140 Parkland Blvd.	
CITY-ST-ZIP	Mayfield Heights, OH 44124	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6140 Parkland Blvd.	
CITY-ST-ZIP	Mayfield Heights, OH 44124	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOUSMA, GEORGE L.	
STREET ADDRESS	3660 N.W. 21st Street	
CITY-ST-ZIP	Miami, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patrick J. Brainard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date

Daytime Phone #

CR2E034 (10/00)