2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38937

1. Entity Name

IMS-NET OF CENTRAL FLORIDA, INC.

Principal Pla	ace of Bus	iness
15000 WEST GOLDEN CO		STE. 400

2. Principal Place of Business

SIGNATURE:

Mailing Address

3. Mailing Address

15000 WEST 6TH AVE., STE. 400 GOLDEN CO 80401-5047

FILED May 04, 2000 8:00 am Secretary of State 05-04-2000 90107 039 ***150.00



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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SE	PACE	
City & State	e	City & State		4 . F	El Number		Apr	olied For
,					84-1199836		Not	Applicable
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Re	gistered A	gent	
		<u></u>	Name	·	.			
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
		0.000770						
PLAN	NTATION FL 33324							
			City				Zip Code	
						<u> FL</u>		
The above	named entity submits this statement for t	the purpose of changing its r	registered office or r	egistered age	ent, or both, in the State of Flori	da.		
GNATURE .								
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signature	required when re	instating)	DATE		
). This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!	!! FEE IS \$150.00)	10. Election Campaign Fina	ncino	65 0 (3
_	requirement and elects to do so.		00 Fee will be \$55		Trust Fund Contribution.			May Be
(See criter	ria on back)	Make Check Payabi	e to Department	of State				
	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	IN 11
LE	P/D	☐ Delete	TITLE				☐ Change	Addition
ME	HAUPT, WILLIAM	•	NAME					
REET ADDRESS	15000 WEST 6TH AVE., STE. 400		STREET ADDRESS					
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oain; that I am an onicer 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.

(303) 590–2200

Richard J. Smeltz, VP/Treasurer

SIGNATURE AND TYPE OFFICER OR DIRECTOR 4/28/00

Daytime Phone #