

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**  
 03-28-2002 90036 026 \*\*\*150.00

**DOCUMENT # P92000000578**

1. Entity Name  
**IMSCO INTERNATIONAL, INC.**

Principal Place of Business

**4325 STEED TERR.  
 STE 113  
 WINTER PARK F 32792  
 US**

Mailing Address

**P. O. BOX 2146  
 GOLDENROD FL 32733-2146  
 US**

2. Principal Place of Business

**7169 UNIVERSITY BLVD  
 Suite, Apt. #, etc.**

3. Mailing Address

**4325 STEED TERRACE  
 Suite, Apt. #, etc.**

City & State

**WINTER PARK, FL**

City & State

**WINTER PARK, FL**

4. FEI Number

**59-3154073**

Applied For

Not Applicable

Zip

Country

**32792 ORANGE**

Zip

Country

**32792 SEMINOLE**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THAVARAJAH, IMAYAN  
 4325 STEED TERRACE  
 WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 **PTS** ☐ Delete  
 NAME **THAVARAJAH, IMAYAN**  
 STREET ADDRESS **4325 STEED TERRACE**  
 CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

**SIG. Thavarajah Imayan Thavarajah**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02**

Date

**407 677-6996**

Daytime Phone #

CR2E034 (9/01)