

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90131 020 ***158.75

DOCUMENT # 9940000 02500
1. Entity Name
Imani Services, Inc.

Principal Place of Business 640 Dr. M.M. Bethune Blvd. Daytona Beach, FL. 32115
Mailing Address 640 Dr. M.M. Bethune Blvd. Daytona Beach, FL. 32115

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip **Country**

4. FEI Number 59-3226257
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Daisy Taylor
640 Dr. M.M. Bethune Blvd.
Daytona Beach, FL. 32115

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) **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE <u>PD</u> NAME <u>Daisy Taylor</u> STREET ADDRESS <u>640 Dr. M.M. Bethune Blvd.</u> CITY-ST-ZIP <u>Daytona Beach, FL. 32115</u>	☐ Delete
TITLE <u>STD</u> NAME <u>Tamala Taylor</u> STREET ADDRESS <u>640 Dr. M.M. Bethune Blvd.</u> CITY-ST-ZIP <u>Daytona Beach, FL. 32115</u>	☐ Delete
TITLE <u>VD</u> NAME <u>Tiffany Taylor</u> STREET ADDRESS <u>640 Dr. Mary McLeod Bethune</u> CITY-ST-ZIP <u>Daytona Beach, FL. 32115</u>	☐ Delete
TITLE <u>D</u> NAME <u>Dennis Curry</u> STREET ADDRESS <u>235 N.W. 6th Avenue</u> CITY-ST-ZIP <u>Dania Beach, FL. 33004</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (386) 258-8761
Date Daytime Phone #

CR2E034 (11/00)