

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90228 001 ***150.00

DOCUMENT # P94000053947

1. Entity Name
IMC PRO INTERNATIONAL, INC.



Principal Place of Business
**130 ENTERPRISE AVE. SE
SUITE 102
MELBOURNE FL 32901**

Mailing Address
**5710-K HIGH POINT RD.
SUITE 210
GREENSBORO FL 27407**

2. Principal Place of Business

5710-K HIGH POINT RD.

3. Mailing Address

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

GREENSBORO, NC

City & State

Zip

27407

Country

USA

Zip

Country

4. FEI Number **59-3256429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WU, CHIEN MING
1481 COUNTRY CLUB DRIVE NE
PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name **Ronald Gallagher**

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

390 Narragansett St. NE

City

Palm Bay

FL

Zip Code

32907

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WU, CHIEN MING**
STREET ADDRESS **5710-K HIGH POINT RD. SUITE 210**
CITY-ST-ZIP **GREENSBORO FL 27407**

TITLE **D/P/S/T** ☒ Change ☐ Addition
NAME **Wu, Chien Ming**
STREET ADDRESS **5710-K High Point Rd. Suite 210**
CITY-ST-ZIP **Greensboro, FL 27407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RECHIEN MING WU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 (336) 218-0255

Date

Daytime Phone #

CR2E034 (10/02)