2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 17, 2001 8:00 am Secretary of State DOCUMENT # P94000059765 05-17-2001 91323 041 ***150.00 IMANI INDUSTRIES, INC. Mailing Address Principal Place of Business 109 HEISMAN WAY P.O. BOX 2017 しいかりくしまけ THOMASVILLE GA 31799-2017 THOMASVILLE GA 31792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 58-2135402 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALDERMAN, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 944 6TH STREET W **RIVERA BEACH FL 33404** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ Change □ Delete TITLE TITLE NAME NAME WARD, CHARLIE JR. STREET ADDRESS STREET ADDRESS 29 TALMADGE LANE CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06905 ☐ Change ☐ Addition TITLE ☐ Delete TITLE Ward, Willard NAME NAME STREET ADDRESS STREET ADDRESS 109 HEISMAN WAY CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE GA 31792 ☐ Addition Change TITLE ☐ Delete DAWSON, LETA NAME STREET ADDRESS STREET ADDRESS 312 PLUM STREET CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE GA 31792 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.