

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90077 006 ***150.00

0544056 AV

DOCUMENT # P95000043882

1. Entity Name
JUST IMAGINE, INC.

Principal Place of Business
1924 CHESAPEAKE COURT
OLDSMAR FL 34677

Mailing Address
1924 CHESAPEAKE COURT
OLDSMAR FL 34677



2. Principal Place of Business
2813 Cason Ct.

3. Mailing Address
2813 Cason Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Seffner FL

City & State
Seffner FL

4. FEI Number
59-3331893

Applied For
☐ Not Applicable

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

Zip
33584

Country
USA

Zip
33584

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DIANE M
1924 CHESAPEAKE COURT
OLDSMAR FL 34677

2813 Cason Ct
Seffner FL 33584

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD

NAME
SMITH, DIANE M

STREET ADDRESS
1924 CHESAPEAKE COURT

CITY-ST-ZIP
OLDSMAR FL 34677

☐ Delete

TITLE

NAME

STREET ADDRESS
2813 Cason Ct

CITY-ST-ZIP
Seffner FL 33584

☐ Change ☐ Addition

TITLE
STD

NAME
SMITH, PAUL J

STREET ADDRESS
1924 CHESAPEAKE CT.

CITY-ST-ZIP
OLDSMAR FL

☐ Delete

TITLE

NAME

STREET ADDRESS
2813 Cason Ct.

CITY-ST-ZIP
Seffner FL 33584

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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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: **Diane M. Smith** 4-6-2 813 684 0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)