

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077944

1. Entity Name

IMAGINATIONS UNLIMITED DESIGN, INC.

(R)

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90010 005 ***150.00

Principal Place of Business

778 JIMMY ANN DRIVE #806
DAYTONA BEACH FL 32114

Mailing Address

778 JIMMY ANN DRIVE #806
DAYTONA BEACH FL 32114

2. Principal Place of Business

223 OAK TREE CIRCLE

3. Mailing Address

223 OAK TREE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

65-0697373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, PARIAS S
778 JIMMY ANN DRIVE #806
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

223 OAK TREE CIRCLE

City

DAYTONA BEACH

FL

Zip Code

32114

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BURKE, PARIAS S
778 JIMMY ANN DRIVE #806
DAYTONA BEACH FL 32114

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

223 OAK TREE CIRCLE
DAYTONA BEACH, FL 32114

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00-07-26

Date

904-253-5192

Daytime Phone #

CR2E034 (5/00)

100 10933

P96000077944 (Attachment)

Wednesday, July 26, 2000


Pariah Burke
Imaginations UNlimited, Inc.
223 Oak Tree Circle
Daytona Beach, FL 32114

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

After calling your office last week, I have enclosed a check in the amount of \$150.00. We never received the original 2000 Uniform Business Report and are requesting that the late filing penalty be dropped. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Pariah Burke", with a long horizontal flourish extending to the right.

Pariah Burke
President