

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90148 010 ***158.75

DOCUMENT # P96000083411

1. Entity Name

IMAGINATION ENGINEERING, INC.

Principal Place of Business

**7050 EDGEWATER DRIVE
 SUITE D
 ORLANDO FL 32810
 US**

Mailing Address

**7050 EDGEWATER DRIVE
 SUITE D
 ORLANDO FL 32810
 US**

2. Principal Place of Business

6825 Edgewater Dr

3. Mailing Address

6825 Edgewater Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32810

Country

USA

Zip

32810

Country

USA

4. FEI Number

59-3405988

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, DONNA J
 7050 EDGEWATER DRIVE
 SUITE D
 ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

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

6825 Edgewater Drive

City

Orlando

FL

Zip Code

32810

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

Donna Jo Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-02

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, 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

TITLE **VP** ☐ Delete
 NAME **SMITH, RICHARD J JR**
 STREET ADDRESS **4203 LAKE LOCKHART DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☐ Delete
 NAME **SMITH, DONNA JO**
 STREET ADDRESS **4203 LAKE LOCKHART DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☒ Delete
 NAME **LEYRER, PATRICIA J**
 STREET ADDRESS **4203 LAKE LOCKHART DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Donna Jo Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 407-466-5255

Date

Daytime Phone #

CR2E034 (9/01)