

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011940

1. Entity Name

IMPORTED INDUSTRIALS UNLIMITED, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90066 035 ***150.00

Principal Place of Business

2475 JEN DR
STE 29
MELBOURNE FL 32940
US

Mailing Address

2475 JEN DR
STE 29
MELBOURNE FL 32940-7481
US

2. Principal Place of Business

806 Shoshoni Trail
Suite, Apt. #, etc.

3. Mailing Address

PO Box 2766
Suite, Apt. #, etc.

City & State

DAFB, FL

City & State

Melbourne, FL

4. FEI Number

59-3425196

Applied For

Not Applicable

Zip

Country

32925

USA

Zip

Country

32902-2766

USA

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

6. Name and Address of Current Registered Agent

ORR, SANDRA G
1012 VISTA OAKS CIR NE
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

ORR, SANDRA G.

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

806 Shoshoni Trail

City

DAFB

FL

Zip Code

32925

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

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

SANDRA ORR, President
(NOTE: Registered Agent signature required when reinstating)

3/22/00
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ORR, SANDRA G	
STREET ADDRESS	1012 VISTA OAKS CIR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, SANDRA G	
STREET ADDRESS	806 Shoshoni Trail	
CITY-ST-ZIP	DAFB, FL 32925	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra Orr, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA ORR, Pres

3/22/00
Date

(321) 255-0018
Daytime Phone #

CR2E034 (9/99)