

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039241

1. Entity Name

IMAGE MAKER CREATIVE SERVICE, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90059 014 ***150.00

Principal Place of Business

Mailing Address

3210 NAUTICAL WAY
LANTANA FL 33462

3210 NAUTICAL WAY
LANTANA FL 33462-4506

2. Principal Place of Business

125 Hypoluxo Rd

3. Mailing Address

125 Hypoluxo Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F

F

City & State

Hypoluxo, FL

City & State

Hypoluxo, FL

4. FEI Number

65-0742621

APPLIED FOR

Applied For

Not Applicable

Zip

Country

33462

USA

Zip

Country

33462

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATUELLA, JOSEPH A
3210 NAUTICAL WAY
LANTANA FL 33462

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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MATUELLA, JOSEPH A
STREET ADDRESS 3210 NAUTICAL WAY
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

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

TITLE V
NAME MATUELLA, SUZANNE G
STREET ADDRESS 3210 NAUTICAL WAY
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

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

TITLE ST
NAME ZALEWSKI, DOROTHY
STREET ADDRESS 6 CARDIFF WAY
CITY-ST-ZIP LANTANA FL 33467 ☐ Delete

TITLE
NAME Deborah
STREET ADDRESS
CITY-ST-ZIP 33426 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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: Deborah J. Zalewski

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

561/586-6500

Daytime Phone #

CR2E034 (9/99)