

2002 UNIFORM BUSINESS REPORT (UBR)

0138021 AB

DOCUMENT # **P97000078581**

1. Entity Name
IMAGINIS CORPORATION

FILED

02 NOV 25 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

Principal Place of Business

2525 MERIDIAN PARKWAY
SUITE 300B
DURHAM NC 27713

Mailing Address

2525 MERIDIAN PARKWAY
SUITE 300B
DURHAM NC 27713

2. Principal Place of Business

11500 SW 60 AVE

3. Mailing Address

11500 SW 60 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0780386

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOBREE, HAROLD S
11500 SW 60TH AVE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

700008761627

11/01/02--01087--003 **750.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harold S. Lobree*
HAROLD S. LOBREE

November 9, 2002

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, 2002 Fee 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 PD
NAME LOBREE, SHAWL B
STREET ADDRESS 8 PORTERS GLEN PLACE
CITY-ST-ZIP DURHAM NC 27713 ☐ Delete

TITLE VTDS
NAME KHOURY, JOHN
STREET ADDRESS 8 PORTERS GLEN PLACE
CITY-ST-ZIP DURHAM NC 27713 ☐ Delete

TITLE D
NAME NASH, PATRICK F
STREET ADDRESS 222 W STEWART PARKWAY, STE 206
CITY-ST-ZIP WASHINGTON NC 27789 ☐ Delete

TITLE VD
NAME LOBREE, HAROLD S
STREET ADDRESS 11500 SW 60TH AVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE D
NAME MOLLOY, JOHN H
STREET ADDRESS 51 PIES 7 (51 PRES 7)
CITY-ST-ZIP CHARLESTOWN MA 02129 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOBREE, SHAWL B
STREET ADDRESS 11500 S.W. 60 AVENUE
CITY-ST-ZIP MIAMI, FL 33156 ☒ Change ☐ Addition

TITLE VTDS
NAME KHOURY, JOHN
STREET ADDRESS 11500 S.W. 60 AVE
CITY-ST-ZIP MIAMI, FL 33156 ☒ Change ☐ Addition

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

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

TITLE D
NAME MOLLOY, JOHN H
STREET ADDRESS 51 PIER SEVEN
CITY-ST-ZIP CHARLESTOWN, MA 02129 ☒ Change ☐ Addition

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:

Shawl B. Lobree
SHAWL B. LOBREE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-02

919.608.3257

Date

Daytime Phone #

CR2E034 (4/02)