

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089889

1. Entity Name  
IMAGINATIVE CONCEPTS, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90113 015 \*\*\*150.00

055281

Principal Place of Business  
687 ALDERMAN ROAD  
156  
PALM HARBOR FL 34683

Mailing Address  
687 ALDERMAN ROAD  
156  
PALM HARBOR FL 34683

2. Principal Place of Business  
12121 LITTLE ROAD  
Suite, Apt. #, etc.  
210

3. Mailing Address  
12121 LITTLE ROAD  
Suite, Apt. #, etc.  
210

City & State  
HUDSON FL.  
Zip  
34667

City & State  
HUDSON FL.  
Zip  
34667

4. FEI Number 59-3473367 ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SMITH, C. HOLT III  
1 INDEPENDENT DR., STE. 3301  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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, 2001 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 P  
NAME BUCHANAN, SHERI  
STREET ADDRESS 2395 A POWERS STREET  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE P  
NAME ~~SHERI~~ BUCHANAN, SHERI  
STREET ADDRESS 7411 ISLANDER LANE  
CITY-ST-ZIP HUDSON, FL. 34667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Shirley Buchanan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (813) 996-5717  
Date Daytime Phone #

CR2E034 (10/00)