

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039437

1. Entity Name

IMAGINATION TECHNOLOGY SOLUTIONS, INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90020 045 ***150.00

Principal Place of Business

Mailing Address

520 SE FT. KING ST.
SUITE B-4
OCALA FL 34471

520 SE FT. KING ST.
SUITE B-4
OCALA FL 34471-2268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

500 SE Fort King St.

500 SE Fort King St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

34471

34471

USA

USA

4. FEI Number 59-3506641

Applied For
Not Applicable

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

BARBER, DAVID E
520 SE FT. KING ST.
SUITE B-4
OCALA FL 34471

David E. Barber
500 SE Fort King St.
Suite D
OCALA FL 34471

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BARBER, DAVID E
520 SE FT. KING ST. SUITE B-4
OCALA FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Barber, David E
500 SE Fort King St. Suite D
OCALA FL 34471

TITLE
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CITY-ST-ZIP

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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:

2/61/2100

Daytime Phone #

CR2E034 (9/99)