2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90084 010 ***150.00

DOCUMENT # P98000064457

1. Entity Name

I.M.C.G., INC.

Principal Place of Business	Mailing Address
101 SOUTHHALL LANE. SUITE 400 MAITLAND FL 32751	101 SOUTHHALL LANE. SUITE 400 MAITLAND FL 32751-7243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8518 MILANO DRIVE	
Suite, Apt. #, etc.: Apt 2023	Suite, Apt. #, etc.:
City & State: Orlando	City & State:
Zip: 32810 — Country: Orange	Zip: — Country:

4. FEI Number: 59-3523121 ~~[illegible]~~ ☐ 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
VIALLANEIX, GUILLAUME THE ARBORS 8613 PISA, APT 13211 ORLANDO FL 32810	Name: VANDER STICHELE, PETER Street Address (P.O. Box Number is Not Acceptable): 8505 MILANO DRIVE APT 1839 City: ORLANDO **FL** Zip Code: 32810

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] PETER VANDER STICHELE — DATE: 1-5-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 GUILLAUME, VIALLAVEIX 8613 PISA DR APT 13211 ORLANDO FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P VIALLANEIX, GUILLAUME 8624 VENEZIA DRIVE APT 24110 ORLANDO, FL 32810 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP VANDER STICHELE, PETER 8505 MILANO DRIVE APT 1839 ORLANDO, FL 32810 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: [signature] P. VANDER STICHELE — Date: 1-5-2000 — Daytime Phone #: (407) 475 0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR