2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 90822 018 ***150.00

0050755

DOCUMENT # P98000064457

1. Entity Name
I.M.C.G., INC.

UUU477DJ

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8518 MILANO DR APT 2023 ORLANDO FL 32810	101 SOUTHHALL LANE, SUITE 400 MAITLAND FL 32751

2. Principal Place of Business	3. Mailing Address
8505 Milano Drive	101 Southhall Lane
Suite, Apt. #, etc. 1839	Suite, Apt. #, etc. Suite 400/4021
City & State Orlando, FL	City & State Maitland, FL
Zip 32810 Country	Zip 32751 Country

4. FEI Number ~~53-0529121~~ 59-352 3121 ☐ 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
VANDERSTICHELE, PETER 8505 MILANO DR AP 1839 ORLANDO FL 32810	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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VILLANEIX, GFUILLAUME 8624 VEBEZUA DR AP 24110 ORLANDO FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP VANDERSTICHELE, PETER 8505 MILANO DR A1839 ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VANDER STICHELE, PETER 8505 Milano Dr. 1839 Orlando, FL 32810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BRUYNOOGHE, NATHALIE 8505 Milano Dr. 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
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CR2E034 (10/00)

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: _____ 4-25-01 407-475 0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER VANDER STICHELE Date Daytime Phone #