## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000083935 1. Entity Name

IMPERIAL ENTERPRISES, INC.

## FILED Jan 25, 2000 8:00 am Secretary of State

01-14-00 Date

					01-25-2000 9011	6 009 ***	158.75	
Principal Place	of Business	Mailing Address		<del></del>				
3100 SPRINGDALE EIOI LAKE WORTH FL 33461		695 PEPPERS FERRY ROAD CHRISTIANSBURG VA 24073-5785		l				
						<b>aa</b> nn <b>sa</b> hah 1811		
2. Principal Place of Business 695 PEPPERS FERRY RD.		3. Mailing Address (SAME AS ADOVE)			1 1 <b>2 3</b> 11 <b>3 3</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>96</b> 111		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS S	PACE	
City & State	ANSBURG, VA.	City & State		<b>4.</b> F	El Number 65-0870775	 5		oplied For
Zip	Country V.S.A.	Zip	Country	5. (	Certificate of Status Desired		\$8.75 Add	
	6. Name and Address of Curre	ent Registered Agent		7. N	lame and Address of New R	egistered A	gent	
3100	r, Gregory S Springdale Eioi Worth FL 33461		Street Ad	idress (P.O. B	ox Number is Not Acceptable	· 	Zip Code	
			City			FL	Zip Cou	<del>-</del>
•	ration is eligible to satisfy its Intangi equirement and elects to do so.	FILE NOW After MAY 1, 2	May - TE: Registe	0 50.00	10. Election Campaign Fin Trust Fund Contribution		\$5.0	May Be
11.	OFFICERS A	ND DIRECTORS	12.		DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR!	 S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NAGY, GREGORY 3100 SPRINGDALE EIOI LAKE WORTH FL 33461	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		Change	∏ Additio
indicated i	ertify that the information supplied on this report or supplemental report or supplemental reportation or the receiver or trustee er	rt is true and accurate and that	my signature shall ha	ive the same i	egal effect as if made under d	oath; that I a	m an officer	or director