

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087252

1. Entity Name

INTERACTIVE MAPPING CONCEPTS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90055 005 ***150.00

Principal Place of Business

7270 SAN CARLOS ROAD
JACKSONVILLE FL 32217

Mailing Address

7270 SAN CARLOS ROAD
JACKSONVILLE FL 32217-3418

2. Principal Place of Business

7305 San Pedro Rd

3. Mailing Address

7305 San Pedro Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Florida

City & State

Jacksonville Florida

4. FEI Number

59-3541853

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

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

FLANDERS, SCOTT A
7270 SAN CARLOS ROAD
JACKSONVILLE FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

7305 San Pedro Road

City

Jacksonville

FL

Zip Code

32217

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

Scott Flanders
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

* new address only *

4/15/00

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	D	<input type="checkbox"/> Delete
NAME	FLANDERS, SCOTT A	
STREET ADDRESS	7270 SAN CARLOS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENTES, DAVID L	
STREET ADDRESS	4550 PALMETTO COVE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Scott Flanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
Date

904-332-7702
Daytime Phone #

CR2E034 (9/99)