

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90003 026 ***150.00

R 00064204

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P9700010404*

1. Entity Name *Lillie Impact Management Group*

Principal Place of Business *Same*

Mailing Address
2415 S. French Ave
Sanford, FL
32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number *59-3550140*

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Lillie Quinn, ~~Director~~
2415 S. French Ave
Sanford, FL 32771

7. Name and Address of New Registered Agent
 Name *N/A*
 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Lillie Quinn</i> <i>2415 S. French Ave</i> <i>Sanford, FL 32771</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 *407-321-5010*

CR2E034 (9/99)