2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000108119** Apr 10, 2000 8:00 am Secretary of State IMR SUB B CORP. 04-10-2000 90163 044 ***150.00 Principal Place of Business Mailing Address 26750 US HWY 19 N 26750 US HWY 19 N SUITE 500 SUITE 500 CLEARWATER FL 33761-3460 CLEARWATER FL 33761 3. Mailing Address 2. Principal Place of Business lissouri Hue Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable 59-3582 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, DILIP iot Acceptable) 26750 US HWY 19 N SUITE 500 **CLEARWATER FL 33761** Zin Cod 756 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. IMRGLOBAL COID SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition VPS TITLE ☐ Delete TITLE NAME PATEL, DILIP NAME 100 South Missouri Ave STREET ADDRESS STREET ADORESS 26750 US HWY 19 N #500 CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33761 ☐ Addition ☐ Delete TITLE TITLE SANAN, SATISH NAME Same as above STREET ADDRESS 26750 US HWY 19 NORTH #500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 ☐ Addition **VPT** ☐ Delete TITLE TITLE NAME MOLSICK, ROBERT M NAME STREET ADDRESS STREET ADDRESS 26750 US HWY 19 NORTH #500 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761** ☐ Addition TITI F ☐ Delete NAME NAME ADDONISIO, VINCENT STREET ADDRESS 26750 US HWY 19 NORTH #500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 ☐ Change ☐ Addition Delete TITLE TITLE NAME HINDMAN, JOHN R NAME 26750 US HWY 19 NORTH #500 STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CLEARWATER FL 33761

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

Delete

Change

☐ Addition