## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Jan 13, 2003 8:00 am
DOCUMENT # P99000037151 1. Entity Name				Secretary of State 01-13-2003 90713 029 ***150.00
IMAGINE CUSTOM CONCEPTS CONSTRUCTION SERVICES, I NC.				
Principal Place of Business 13351 10TH ST. DADE CITY FL 33525 US		Mailing Address P.O. BOX 2542 DADE CITY FL 33526-2542	2	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Sta		City & State		4. FEI Number 59-3575917 Applied For Not Applicable
Zîp ,	6. Name and Address of Current	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
BROWN, STEVEN A 13351 10TH ST.  DADE CITY FL 33525			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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be				
Make Check Payable to Florida Department of State				Trust Fund Contribution.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, STEVEN A P.O. BOX 2542 DADE CITY FL 33525-2542	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
TITLE  NAME  STREET ADDRESS  CITY_ST_ZIP	- and the same	□ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

r nereby 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 exert 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 feceiver districted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

**SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR