

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044095

1. Entity Name

IMC ACQUISITIONS, INC.

APPROVED
AND
FILED

00 NOV 21 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

638 PUTNAM AVE
ORLANDO FL 32801

Mailing Address

638 PUTNAM AVE
ORLANDO FL 32801

2. Principal Place of Business

1137 Edgewater Drive

3. Mailing Address

PO BOX 541556

Suite, Apt. #, etc.

Suite # 103

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32854

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3681458

Applied For

Not Applicable

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

DAVIS, DONAVAN

638 PUTNAM AVE
ORLANDO FL 32801

Name

Deborah Oerly

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

1137 Edgewater Drive Suite # 103

City

Orlando

FL

Zip Code

32804

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

Donavan Davis

Deborah Oerly

11/15/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☒ Delete
NAME **RICHARDSON, FREDERIC**
STREET ADDRESS **P O BOX 340**
CITY-ST-ZIP **OLNEY MD 20832**

TITLE **D** ☒ Change ☐ Addition
NAME **Deborah Oerly**
STREET ADDRESS **1137 Edgewater Drive**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **600003473886-8**
STREET ADDRESS **-11/22/00--01027--001**
CITY-ST-ZIP ******758.75 ****750.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Deborah Oerly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2000

Date

407-648-2890

Daytime Phone #

CP2004 (5/00)