

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90382 039 \*\*\*150.00

0636574 AV

**DOCUMENT # P99000052856**

1. Entity Name  
**IMAGUN, INC.**



Principal Place of Business  
**4711 VIA CARMAN  
NAPLES FL 34105**

Mailing Address  
**4711 VIA CARMAN  
NAPLES FL 34105**

2. Principal Place of Business  
**1027 Columbia Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 1197**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Harbor FL**  
Zip  
**34683** Country

City & State  
**Palm Harbor FL**  
Zip  
**34682-1197** Country

4. FEI Number **56-3577891**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ST AMAND, MICHAEL  
4711 VIA CARMAN  
NAPLES FL 34105-5613** *MOVED*

7. Name and Address of New Registered Agent

Name **MICHAEL ST. AMAND**  
Street Address (P.O. Box Number is Not Acceptable)  
**1027 Columbia Ave**  
City **Palm Harbor** FL Zip Code **34683**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ST. AMAND, MICHAEL 4711 VIA CARMEN NAPLES FL 34105-5613</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/29/03**

Daytime Phone #

CR2E034 (10/02)