

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053359

1. Entity Name

IMS TECH, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90033 010 ***150.00

Principal Place of Business

405 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33701

Mailing Address

405 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33701-3867

2. Principal Place of Business

3. Mailing Address

2548 WOODGATE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State
ORLANDO

Zip

Country

Zip

Country

32822

US

4. FEI Number

☒ 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

ORISINI, SCOTT T
405 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33701

Name

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
ROGER FINEFROCK
1146 17TH AVENUE
ST PETERSBURG FL 33701

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHANE VERHEYEN
2133 PEPPERELL DR.
NEWPORT RICHEY, FL 34855

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
DAVID MARTIN
2548 WOODGATE BLVD #202
ORLANDO, FL 32822

☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

3/9/00 727-967-1457
Date Daytime Phone #

CR2E034 (9/99)