

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055489

1. Entity Name

IMPERIAL MARKETING PLUS, INC.

APPROVAL  
AND  
FILED

00 MAR 20 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4213 COUNTY ROAD 218  
SUITE 6  
MIDDLEBURG FL 32068

4213 COUNTY ROAD 218  
SUITE 6  
MIDDLEBURG FL 32068-4856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3589167

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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	<del>RD</del>	<input type="checkbox"/> Delete
NAME	BRAMMELL, MARY K	
STREET ADDRESS	4213 COUNTY ROAD 218	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	<del>RD</del>	<input type="checkbox"/> Delete
NAME	BRAMMELL, ROBERT A	
STREET ADDRESS	4213 COUNTY ROAD 218	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MONKS, DAVID C	
STREET ADDRESS	4213 COUNTY ROAD 218	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Suzanne Ziemba	
STREET ADDRESS	3042 Prescott Falls	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brammell, Mary K	
STREET ADDRESS	4213 County Road, 218	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brammell, Robert A	
STREET ADDRESS	4213 County Road 218	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary Kay Brammell - Mary Kay Brammell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-00 904-291-3556

CR2E034 (9/99)