

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91315 007 ***158.85

DOCUMENT # P99000080256

1. Entity Name

IMPERIAL TRADING SE, INC.

Principal Place of Business

~~9409 US 19 OUTVIEW SQ. MALL~~
~~PORT RICHEY FL 34668~~

Mailing Address

~~30043 US 19 N~~
~~PMB-100~~
CLEARWATER FL 33761

057793

2. Principal Place of Business

30043 US 19 N

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33761

Country

United States

Zip

33761

Country

United States

4. FEI Number

59-3595063

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINN, J. MARVIN
131 FIRST ST. NW
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

R. S. O'Shea

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

30043 US 19 N

City

Clearwater

FL

Zip Code

33761

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]

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

5/4/01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'SHEA, R S 30043 US 19 N CLEARWATER FL 33761	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/01

Date

Daytime Phone #

CR2E034 (10/00)

657793

Attachment

P99000080256

5/08/01

Dear Gentleman:

I am slowly recovering from my recent stroke and renal failure. I truly believed that my application had to be renewed by May 15th. I was shocked and gravely disappointed when I learned that it was due on May 1st. This corporation will do less than 25,000 dollars in sales this year and to pay 550 dollars for reinstatement because of sickness is more than I can handle. I beg you to accept my check for 158 dollars for reinstatement and accept my sincere apology for being late due to very serious illness.

Sincerely,

A handwritten signature in dark ink, appearing to be "A. Alu" or similar, written in a cursive style.