

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90013 044 \*\*\*150.00

DOCUMENT # *P99000080056*

1. Entity Name

*Imperial Trading S.E. Inc*



**DO NOT WRITE IN THIS SPACE**

**54063557**

2. Principal Place of Business

*30043 U.S. 19 N*

Suite, Apt. #, etc.

*Clearwater FL*

3. Mailing Address

*30043 US Highway 19 N*

Suite, Apt. #, etc.

*Clearwater FL*

City & State

*FL*

City & State

*Clearwater FL*

Zip

*33761*

Country

*Pine/H*

Zip

*33761*

Country

*Pine/H*

4. FEI Number

*59-3595063*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*R. James O'SHEA*

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

*2260 Twin Lakes*

*Dunedin FL*

City

**FL**

Zip Code

*34698*

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President P+T R. James O'Shea 2260 Twin Lakes Dunedin FL 34698</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07/15/04*

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

Imperial Trading S.E. Inc.  
30043 US 19N. ~~032~~ PMB 108  
Clearwater FL 33761

54063557  
HP99000080256

Uniform Bureau Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

attention: M. Lilliston;

Dear M. Lilliston;

As I stated to you on the phone I did not  
receive any record from this year. Thank you  
for sending one!

Please excuse the writing as I am on  
kidney dialysis & heavy medication since April -

Thank you

R. J. M.

Attachment

54063557

IMPERIAL TRADING SE INC.  
30043 US 19 N. PMB 108  
CLEARWATER, FL. 33761

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Request taken by: MLilliston  
07-01-2004

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

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