

ENT # P99000091791

IMPORTS, INC.

FILED
May 16, 2000 8:00 a
Secretary of State

04-10-2000 90072 043 ***150.00

Business Mailing Address
638 POWDER HORN ROW
LAKELAND FL 33809-6611

Business Mailing Address
H. Kentucky Ave
Suite, Apt. #, etc.

City & State
Land MI
Country Polk
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3601978
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES R
POWDER HORN ROW
LAND FL 33809

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

Entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Entity is eligible to satisfy its intangible
requirement and elects to do so.
(a 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

OFFICERS AND DIRECTORS

☐ Delete
D
DOIG, JAMES R
638 POWDER HORN ROW
LAKELAND FL 33809
☐ Delete
D
JOY, CONNIE L
638 POWDER HORN ROW
LAKELAND FL 33809
☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
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I 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 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 on an attachment with an address, with another like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)