

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095082

1. Entity Name

IMAGERY WORKS, INC.

TREASURE COAST INTERNET SOLUTIONS CORPORATION

Principal Place of Business

Mailing Address

10302 S FEDERAL HWY. #120

10302 S FEDERAL HWY. #120

PORT ST. LUCIE FL 34952

PORT ST. LUCIE FL 34952-5605

748 N.E. JENSEN BEACH BLVD.

748 JENSEN BEACH BLVD.

JENSEN BEACH, FL 34957

JENSEN BEACH, FL 34957

2. Principal Place of Business

748 N.E. Jensen Beach Blvd

3. Mailing Address

748 N.E. Jensen Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

34957

Country

USA

Zip

34957

Country

USA

4. FEI Number

65-0958493

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

KAVACO

10302 S FEDERAL HWY, #120
PORT ST. LUCIE FL 34952

Name

KAVACO

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

748 N.E. Jensen Beach Blvd.

City

Jensen Beach

FL

Zip Code

34957

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)

4/26/00

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
John Kavaliauskas
President
748 N.E. Jensen Beach Blvd.
Jensen Beach, FL 34957

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
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

4/26/00

Date

561-334-4440

Daytime Phone #

CR2E034 (9/99)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90034 004 ***150.00



DO NOT WRITE IN THIS SPACE