

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90009 012 ***150.00

DOCUMENT # P99000104227

1. Entity Name

IMAGINE CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

5340 CENTRAL AVE.
 ST. PETERSBURG FL 33707

5340 CENTRAL AVE.
 ST. PETERSBURG FL 33707

2. Principal Place of Business

14603 Gulf Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

14603 Gulf Blvd.
 Suite, Apt. #, etc.

City & State

Madeira Bch FL

City & State

Madeira Bch FL

Zip

33708

Country

Pinellas

Zip

33708

Country

Pinellas

4. FEI Number

59-3610051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAGGIO, CHARLES J
 5340 CENTRAL AVE.
 ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name **Maggio Charles J.**

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

14603 Gulf Blvd.

City **Madeira Bch.**

FL

Zip Code

33708

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

Charles J. Maggio *Treas.*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐

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 **P** ☐ Delete
 NAME **SEGLER, JOHN**
 STREET ADDRESS **885 115TH AVE**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **T** ☐ Delete
 NAME **MAGGIO, CHARLES**
 STREET ADDRESS **9394 BLIND PASS RD**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33-706.**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

Charles J. Maggio *Charles J. Maggio*

4/28/01

510-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)