

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90199 009 ***158.75

DOCUMENT # S91916

1. Entity Name

INTERNATIONAL MANAGEMENT AND CONSULTING CORPORAT

Principal Place of Business

P.O. BOX 618546
 ORLANDO FL 32861-8546

Mailing Address

P.O. BOX 618546
 ORLANDO FL 32861-8546

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3128748**

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

YOUNG, MARY ANN
1006 PERIWINKLE CT
CELEBRATION FL 34747

Name

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

1778 Abbott's Hill Dr

City

orlando

FL

Zip Code

32835

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
 NAME **YOUNG, MARY ANN**
 STREET ADDRESS **1006 PERIWINKLE CT**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **PCEO** ☒ Change ☐ Addition
 NAME **Mary Ann Young**
 STREET ADDRESS **1778 Abbott's Hill Dr**
 CITY-ST-ZIP **orlando, FL 32835**

TITLE **ST** ☐ Delete
 NAME **CARLSON, KIM**
 STREET ADDRESS **3432 FERLONG WAY**
 CITY-ST-ZIP **GOTHA FL 34734**

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

TITLE **V** ☒ Delete
 NAME **YAWMAN, GREGG**
 STREET ADDRESS **9220 SABAL PALM CR**
 CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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: Mary Ann Young Mary Ann Young 4/27/01 407 298-2989
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)