

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091667

1. Entity Name

IMBS, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1900 Winston Rd.

3. Mailing Address

P. O. Box 30698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Knoxville, TN

Knoxville, TN

Zip Country
37919 USA

Zip Country
37919 USA

4. FEI Number

65-0622847

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

Name

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

City

FL

Zip Code

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)

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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
See attached rider

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Stair

4/18/01

Date

(865) 293-5665

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90120 040 ***150.00

C0053161

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Attachment Doc# P950000 9/16/07
IMBS, Inc. C0053161

Directors

Steve Sherlin, 1900 Winston Rd., Knoxville, TN 37919

Robert Joyner, 1900 Winston Rd., Knoxville, TN 37919

Officers

President & Treasurer – Stephen Sherlin , 1900 Winston Rd., Knoxville, TN 37919

Vice President & Secretary – Robert Joyner, 1900 Winston Rd., Knoxville, TN 37919

Vice President &

Assistant Secretary - Aron Goldfeld, 100 NW 70th Ave., Plantation, FL 33317

Assistant Secretary – John R. Stair, 1900 Winston Rd., Knoxville, TN 37919