

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90126 017 \*\*\*150.00

0626130  
AT

DOCUMENT # **P38937**

1. Entity Name  
**IMS-NET OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**1175 PEACHTREE STREET  
100 COLONY SQUARE STE 2400  
ATLANTA GA 30361  
US**

Mailing Address  
**1175 PEACHTREE STREET  
100 COLONY SQUARE STE 2400  
ATLANTA GA 30361  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**669 River Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Center Two**

City & State

City & State  
**Elmwood Park, NJ**

Zip Country

Zip Country  
**07407 U.S.A.**

4. FEI Number **84-1199836**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

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: I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>APKER, THOMAS P</b>	
STREET ADDRESS	<b>669 RIVER DRIVE CENTER 2</b>	
CITY-ST-ZIP	<b>ELMWOOD PARK NJ 07407</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SOLANO, RICK D</b>	
STREET ADDRESS	<b>669 RIVER DRIVE CENTER 2</b>	
CITY-ST-ZIP	<b>ELMWOOD PARK NJ 07407</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LAYMAN, KIRK G</b>	
STREET ADDRESS	<b>669 RIVER DRIVE CENTER 2</b>	
CITY-ST-ZIP	<b>ELMWOOD PARK NJ 07407</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kirk G. Layman* **TITLE REQUIRED** Kirk G. Layman 4/24/03 (201) 703-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)