

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90292 029 ***150.00

DOCUMENT # F94718

1. Entity Name

THE FLORIDA IMAGE FILE, INC.

Principal Place of Business

Mailing Address

~~200 PALOMA ST~~
ST PETERSBURG FL 33704
US

~~200 PALOMA ST NE~~
ST PETERSBURG FL 33704-3738
US

2. Principal Place of Business

881-31st TER. N.E.

3. Mailing Address

881-31st TER. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete FL

City & State

St. Pete FL

Zip

33704

Country

Zip

33704

Country

4. FEI Number

59-2219242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OHLE, B ROBERT
4911 PARK ST NO
ST PETERSBURG FL 33709

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.

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, 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

TITLE **TVS** ☐ Delete
 NAME **MAGUIRE, MICHAEL R**
 STREET ADDRESS **506 11TH AVE NORTH EAST**
 CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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

4-19-00

Date

727 894 8433

Daytime Phone #

CR2E034 (9/99)