

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000019037**1. Entity Name  
**PALM COAST IMAGING CORPORATION**

## Principal Place of Business

13199 SAMOSET CT.

WELLINGTON

33414

FL

## Mailing Address

13199 SAMOSET CT.

WELLINGTON

33414

FL

## 2. Principal Place of Business

## 3. Mailing Address

6167 LA VIDA TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

## City &amp; State

BOCA RATON

FL

Zip

Country

Zip

Country

33433

## 4. FEI Number

**65-0985534**

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

**BUSINESS FILINGS INCORPORATED****1000 WEST AVENUE****NO. 1114****MIAMI BEACH****331390000**

US

FL

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)

**03/05/2001**

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 D ☐ Delete  
NAME WINTER THOMAS  
STREET ADDRESS 1669 BRANDYWINE RD #3316  
CITY-ST-ZIP WEST PALM BEACH FL 33409TITLE D ☒ Change ☐ Addition  
NAME WINTER THOMAS  
STREET ADDRESS 6167 LA VIDA TERRACE  
CITY-ST-ZIP BOCA RATON FL 33433TITLE D ☐ Delete  
NAME CARROLL KEVIN  
STREET ADDRESS 13199 SAMOSET CT.  
CITY-ST-ZIP WELLINGTON FL 33414TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ 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:** Thomas Winter

D

03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)