

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90237 002 ***150.00

0440202 AV

DOCUMENT # P94000059547

1. Entity Name
QUALITY IMAGING, INC.

Principal Place of Business

**14620 N. NEBRASKA AVE
 TAMPA FL 33613
 US**

Mailing Address

**P.O. BOX 17135
 TAMPA FL 33682
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14620 N. NEBRASKA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG B

City & State

TAMPA

City & State

4. FEI Number

59-3264061

Applied For

Not Applicable

Zip

33613

Country

HUSBOROUGH

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FURLONG, RICHARD
 14620 N. NEBRASKA AVE
 TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

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

14620 N. NEBRASKA AVE

BLDG. B

City

TAMPA

FL

Zip Code

33613

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

04/22/2002

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, 2002 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 **VP** Delete
 NAME **BYRD, J. WM.**
 STREET ADDRESS **1478 BRIARROAKS TRAIL**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE **PS** Delete
 NAME **FURLONG, RICHARD**
 STREET ADDRESS **345 BAYSHORE BLVD. #1207**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **1019 Guisando de Avila**
 STREET ADDRESS **TAMPA, FL 33613**
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2002 813-287-9996

Date

Daytime Phone #

CR2E034 (9/01)