

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90287 045 ***150.00

DOCUMENT # P97000011745

1. Entity Name
C & L IMAGING, INC.

Principal Place of Business 14201 CAROL MANOR DRIVE LARGO FL 33774 US	Mailing Address 401 PARK AVE BELLEAIR FL 33756-1459 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 401 PARK AVE Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc. 401 PARK AVE
City & State BELLEAIR, FLA	City & State BELLEAIR, FLA.
Zip 33756	Zip 33756
Country FLORIDA	Country FLORIDA

4. FEI Number 59-3427482	Applied For <input type="checkbox"/> Not Applicable
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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

**COOK, GEORGE W
 14201 CAROL MANOR DRIVE
 LARGO FL**

Name SAME
Street Address (P.O. Box Number is Not Acceptable) 401 PARK AVE
City BELLEAIR FL FL 33756

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: *George W. Cook* (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COOK, GEORGE W 401 PARK AVE BELLEAIR FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: *George W. Cook* **4-28-2000** **727-639-2096**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)