

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90040 045 \*\*\*150.00

**DOCUMENT # P97000096955**

**1. Entity Name**  
**PROFESSIONAL IMAGING CONSULTANTS, INC.**

**Principal Place of Business**  
 1008 WILLA SPRINGS DRIVE  
 SUITE 110  
 WINTER SPRINGS FL 32708  
 US

**Mailing Address**  
 1008 WILLA SPRINGS DRIVE  
 SUITE 110  
 WINTER SPRINGS FL 32708  
 US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3479332

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**

MEJIAS, ED  
 6912 ALOMA AVE  
 % PROFESSIONAL IMAGING CONSULTANTS  
 WINTER PARK FL 32792

*Same as Above*

Name

MEJIAS ED

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

1008 Willa Springs Dr. Suite 110

City

WINTER SPRING

FL

Zip Code

32708

**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

2-27-02

**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**

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RIVERA, VICTOR  
 CITY-ST-ZIP 8841 LAMBERT LANE  
 ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS CRESPO, MIGUEL  
 CITY-ST-ZIP 1177 CARDINAL CREEK PLACE  
 OVIEDO FL 32765

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

2-27-02 407657-7979

Date

Daytime Phone #

CR2E034 (9/01)