

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004018

1. Entity Name

GULF COAST CHAPTER OF THE ASSOCIATION FOR INFORMATION AND IMAGE MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 26153
TAMPA FL 33623-6153

POST OFFICE BOX 26153
TAMPA FL 33623-6153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3239225

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME AYOUB, STEVE
STREET ADDRESS 2203 N LOIS AVE N SUITE 702
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition
NAME 3333 San Jose ST
STREET ADDRESS Clearwater FL 33759
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LUND, ANDREW D
STREET ADDRESS 5909 G HAMPTON OAKS PARKWAY
CITY-ST-ZIP TAMPA FL 33610

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

TITLE PD ☐ Delete
NAME LANE, CREIS
STREET ADDRESS 28050 US 19N STE 203
CITY-ST-ZIP CLEARWATER FL 33761

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 (813) 263-3939

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90115 041 ****61.25

80112560



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)