

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90070 034 ***150.00

DOCUMENT # F00000005947

1. Entity Name
IMAGE SERVICES, INC.Principal Place of Business
4243 SW MALLARD CREEK TRAIL
PALM CITY FL 34990Mailing Address
4243 SW MALLARD CREEK TRAIL
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1265782

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLORIDA INCORPORATORS INC
 1221 BRICKELL AVE
 SUITE 900
 MIAMI FL 33131

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

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 CPT ☐ Delete
 NAME IANUZZI, THOMAS
 STREET ADDRESS 3210 SE BROOK ST
 CITY-ST-ZIP STUART FL 34997

TITLE CPT ☒ Change ☐ Addition
 NAME IANUZZI, THOMAS
 STREET ADDRESS 4243 SW MALLARD CREEK TRAIL
 CITY-ST-ZIP PALM CITY FL 34990

TITLE VVS ☐ Delete
 NAME IANUZZI, JODY
 STREET ADDRESS 3210 SE BROOK ST
 CITY-ST-ZIP STUART FL 34997

TITLE VVS ☒ Change ☐ Addition
 NAME IANUZZI, JODY
 STREET ADDRESS 4243 SW MALLARD CREEK TRAIL
 CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete
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 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

3/5/02 (561) 283-8538
 Date Daytime Phone #

CR2E034 (9/01)