

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90168 026 \*\*\*\*61.25  
 09-02-2002 90143 040 \*\*\*550.00

**DOCUMENT # F01000000174**

1. Entity Name  
**DXR IMAGING, INC.**

Principal Place of Business  
**4345 SOUTHPOINT BLVD.**  
**JACKSONVILLE FL 32216**

Mailing Address  
**4345 SOUTHPOINT BLVD.**  
**JACKSONVILLE FL 32216**

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 **94-3006461**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	Delete
PTCO	SMITH, DAVID A	4345 SOUTHPOINT BLVD.	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
VP	ENGLISH, KEVIN P	4345 SOUTHPOINT BLVD.	JACKSONVILLE FL 32216	<input type="checkbox"/>
VP and Secretary	KLARNER, DAVID D	4345 SOUTHPOINT BLVD.	JACKSONVILLE FL 32216	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	JOSEPH W. PEPPER	4345 SOUTHPOINT BLVD	JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chief Operating Officer	MARK J. ADRIAN	4345 SOUTHPOINT BLVD.	JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VP OF SALES	MARK LORIN	4345 SOUTHPOINT BLVD.	JACKSONVILLE, FL 32216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP OF OPERATIONS	CHRIS O'BRIEN	4345 SOUTHPOINT BLVD.	JACKSONVILLE, FL 32216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP OF FINANCE	RICHARD WIGGINS	4345 SOUTHPOINT BLVD.	JACKSONVILLE, FL 32216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	DAVID M. BRONSON	4345 SOUTHPOINT BLVD.	JACKSONVILLE, FL 32216	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (4/02)