

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F74643

1. Entity Name
JIMAG, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90048 021 ***150.00

Principal Place of Business
3010 CR 675 E.
BRADENTON FL 34202-9465
US

Mailing Address
3010 CR 675 E.
BRADENTON FL 34202-9465
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3620 RIVERVIEW BLVD W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BRADENTON FL

4. FEI Number 59-2196777

Applied For
Not Applicable

Zip

Country

Zip

Country

34205 US

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

HENDERSON, JAMES
3010 CR 675 EAST
BRADENTON FL 34202

Name

Street Address (P.O. Box Number is Not Acceptable)
3620 RIVERVIEW BLVD W.

City BRADENTON FL Zip Code 34205

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	HENDERSON, JAMES	
STREET ADDRESS	3010 CR 675 EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENDERSON, JEANNE CLOUD	
STREET ADDRESS	3010 CR 675 EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3620 RIVERVIEW BLVD W.	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3620 RIVERVIEW BLVD W.	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeanne C Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2801
Date

941 7474536
Daytime Phone #

CR2E034 (10/00)