

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 042 ***158.75

DOCUMENT # **F94000003012**

1. Entity Name

VIVID IMAGE PROMOTIONS INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2825 LOGAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15247

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number

63-111-9876

Applied For

Not Applicable

Zip
32503

Country
ESCAMBIA

Zip
32514

Country
ESCAMBIA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOUG MOESTA

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

2825 LOGAN DRIVE

City

PENSACOLA

FL

Zip Code

32503

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman HARRY E PRATT 25700 PARKWAY PLACE MOBILE AL 36606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN PRATT 25700 PARKWAY PL. MOBILE AL 36606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BENNY PRATT 3661 AIRPORT BLVD 213 MOBILE AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREAS. PHILIP PRATT 3661 AIRPORT BLVD 213 MOBILE AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Pres. DOUG MOESTA 2825 LOGAN DRIVE PENSACOLA FL 32503
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

Harry Pratt Chairman

4-5-02 251-473-8664

CR2E034B (12/01)