FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2001 8:00 am DOCUMENT # **H20309 Secretary of State** 1. Entity Name 06-02-2001 90005 006 ***550.00 IMAGE BUILDING & DESIGN, INC. Principal Place of Business Mailing Address 8321 BUTTERFIELD LANE 8321 BUTTERFIELD LANE 660946 BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 5051 NW7 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0178371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered BORN, SAMUEL JAMES 8321 BUTTERFIELD LN **BOCA RATON FL 33433** 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab e to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PTDS** ☐ Delete TITLE TOUR BORN, SAMUEL JAMES NAME NAME STREET ADDRESS STREET ADDRESS 8321 BUTTERFIELD LN CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

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 rily 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