

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03180

1. Entity Name

IMAGE CREATIONS OF FLORIDA, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90032 049 \*\*\*150.00

Principal Place of Business

Mailing Address

10740 76TH CT.  
LARGO FL 33777  
US

10740 76TH CT.  
LARGO FL 33714-3805  
US

2. Principal Place of Business

3. Mailing Address

3025 44th AVE NO.  
Suite, Apt. #, etc.

3025 44th AVE NO.  
Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-2697385

Applied For

Not Applicable

Zip

33714 - PINELLAS

Zip

33714 - PINELLAS

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

ALBRECHT, JOHN R  
10740 76TH COURT  
LARGO FL 33777

Name

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

3025 44th AVE NO

City

St. Petersburg

FL

Zip Code

33714

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

*John R Albrecht*

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
ALBRECHT, JOHN R  
4900 61ST. AVE. SOUTH  
ST. PETERSBURG FL 33777 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
ALBRECHT, LINDA S  
4900 61ST. AVE. SOUTH  
ST. PETERSBURG FL 33777 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*John R Albrecht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)