FILED

2002 Uniform Business Report (UBR)

SIGNATURE

Mar 29, 2002 8:00 am Secretary of State DOCUMENT # J03180 1. Entity Name 03-29-2002 91430 010 ***150 00 IMAGE CREATIONS OF FLORIDA, INC. Principal Place of Business Mailing Address 3025 -44TH AVE N. 3025 -44TH AVE N. SAINT PETERSBURG FL 33714 SAINT-PETERSBURG FL 33714 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2697385 Not Applicable يرت Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent albrecht, John R Street Address (P.O. Box Number is Not Acceptable) 100 BEACH DR NE **UNIT 701** SAINT PETERSBURG FL 93701 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) PTD TITLE ☐ Delete TITLE X Change ALBRECHT, JOHN R NAME NAME 8328 TALLAHASSEE DR. NE 100 BEACH DRIVE NE UNIT 701 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP SAINT PETERSBURG, FL 33708 TITLE VSD ☐ Delete Change TITLE ☐ Addition NAME NAME ALBRECHT, LINDA S 8328 TALLAHASSEE DR NE STREET ADDRESS STREET ADDRESS 100 BEACH DRIVE NE UNIT 701 CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-\$T-ZIP SAINT PETERSBURB, FL 33702 ----- - - Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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