

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90057 050 ***150.00

DOCUMENT # J26088

1. Entity Name
IMAGETECH MICROFILM SERVICES, INC.

Principal Place of Business
203 E. HEMMINGWAY CIR
COCONUT CREEK FL 33063
US

Mailing Address
203 E. HEMMINGWAY CIR
COCONUT CREEK FL 33063
US

2. Principal Place of Business
203 E. HEMMINGWAY CIR
 Suite, Apt. #, etc.

3. Mailing Address
203 E. HEMMINGWAY CIR
 Suite, Apt. #, etc.

City & State
COCONUT CREEK, FL
 Zip
33063 Country
US

City & State
COCONUT CREEK, FL
 Zip
33063 Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2700354** Applied For
 Not Applicable

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

DOWDELL, THOMAS J III
11300 OVERSEAS HWY.
MARATHON FL 33050

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PST			
	DOWDELL, ARMSTEAD B	203 E HEMMINGWAY CIR	COCONUT CREEK FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			COCONUT CREEK, FL 33063		

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: A.B. DOWDELL 4-7-01 (954) 970-0319
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)