

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90171 011 ***150.00

DOCUMENT # K01762

1. Entity Name
X-RAY COPY SERVICE, INC.

Principal Place of Business
% KATHERINE H. HADDEN
5430 N.W. 334D AVENUE, SUITE 102
FORT LAUDERDALE FL 33309

Mailing Address
5430 NW 33RD AVE
#102
FORT LAUDERDALE FL 33309
US



2. Principal Place of Business
% KATHERINE H. HADDEN

3. Mailing Address

Suite, Apt. #, etc.
5430 NW 33RD AVE. SUITE 102

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

Zip
33309

Country

Zip

Country

4. FEI Number
65-0012150

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

MADDEN, KATHERINE H
2360-1 S. ARAGON BLVD
FORT LAUDERDALE FL 33313

Name
MADDEN, KATHERINE H.

Street Address (P.O. Box Number is Not Acceptable)
2360-1 E. ARAGON BLVD

City
FORT LAUDERDALE FL Zip Code
33313

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
PTSD
MADDEN, KATHERINE H.
2360-1 E. ARAGON BLVD
FORT LAUDERDALE FL 33313 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDR.
 CITY-ST-ZIP
Katherine Madden
X-Ray Copy Service, Inc. ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
☐ 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: Katherine H. Madden **1/8/02 (954) 484-9729**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)