

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90019 027 ****70.00

DOCUMENT # N98000004902

1. Entity Name

IMAGE FOR TEEN, INC.

Principal Place of Business

Mailing Address

1171 SOUTH LANE AVE. APT 1414
 JACKSONVILLE, FL. 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

(EIN) 59-3542901

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JERRY D. WHITE

1171 SOUTH LANE AVE.
 APT. 1414

JACKSONVILLE, FL. 32205

Name

Jerry D. White

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

1171 South Lane Ave.

Apt. #1414

City

Jacksonville, Fl.

FL

Zip Code

32205

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

Jerry D White Jerry D White

4-25-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **President** ☐ Delete
NAME Joan C. White
STREET ADDRESS 1171 South Lane Ave. #1414
CITY-ST-ZIP Jacksonville, Fl. 32205

TITLE ☒ **Vice President** ☐ Delete
NAME Jerry D. White
STREET ADDRESS 1171 South Lane Ave. #1414
CITY-ST-ZIP Jacksonville, Fl. 32205

TITLE ☒ **Secretary** ☐ Delete
NAME Kernal A. White
STREET ADDRESS 960 Stokes St.
CITY-ST-ZIP Jacksonville, Fl. 32216

TITLE ☒ **Treasurer** ☐ Delete
NAME Anthony T. Cobb
STREET ADDRESS 1613 Shear Water Drive
CITY-ST-ZIP Jacksonville, Fl. 32218

TITLE ☐ **NAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **NAME**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan C White Joan C White (P) 4-25-00 904-783-0513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)