

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90390 035 ***150.00

DOCUMENT # P00000008234

1. Entity Name

ACTIVE IMAGING, INC.

Principal Place of Business

1876 N. UNIVERSITY DRIVE
 SUITE 300-C
 PLANTATION, FL 33322

Mailing Address

1876 N. UNIVERSITY DRIVE
 SUITE 300-C
 PLANTATION, FL 33322

2. Principal Place of Business

3104 W. WATERS AVENUE

Suite, Apt. #, etc.

SUITE 106

City & State

TAMPA, FL

Zip

33614

Country

USA

3. Mailing Address

112 HILLS BAY DRIVE

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

Zip

33837-7849

Country

USA

4. FEI Number

65-0976389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GINA SKIREDJ

1876 N. UNIVERSITY DRIVE, SUITE 300-C
 PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name

KEITH POLLARD

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

112 HILLS BAY DRIVE

City

DAVENPORT

FL

Zip Code

33837-7849

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.

KEITH POLLARD

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

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

TITLE D ☐ Delete
 NAME POLLARD, KEITH
 STREET ADDRESS 1876 N. UNIVERSITY DR, ST 300-C
 CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 112 HILLS BAY DRIVE
 CITY-ST-ZIP DAVENPORT, FL 33837-7849

TITLE PD ☐ Change ☒ Addition
 NAME JOY POLLARD
 STREET ADDRESS 112 HILLS BAY DRIVE
 CITY-ST-ZIP DAVENPORT, FL 33837-7849

TITLE ☐ Change ☐ Addition
 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
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH POLLARD

04/27/2001

Date

407-493-5799

Daytime Phone #

CR2E034 (11/00)