

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91029 014 ***150.00

DOCUMENT # P00000008234

1. Entity Name
ACTIVE IMAGING, INC.



Principal Place of Business
**3014 W WATERS AVENUE
SUITE 106
TAMPA, FL 33614**

Mailing Address
**112 HILLS BAY DRIVE
DAVENPORT, FL 33837-7849**

Antonio Lemus CPA

2. Principal Place of Business

3. Mailing Address

108 Marcia Drive



Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Altamonte Springs FL

4. FEI Number

65-0976389

Applied For

Not Applicable

Zip

Country

Zip

Country

32714

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

**POLLARD, KEITH
112 HILLS BAY DRIVE
DAVENPORT, FL 33837-7849**

Name *Antonio Lemus CPA*

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

108 Marcia Drive

City *Altamonte Springs FL*

Zip Code

32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

Antonio Lemus

4/2/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **POLLARD, KEITH**
STREET ADDRESS **112 HILLS BAY DRIVE**
CITY-ST-ZIP **DAVENPORT, FL 338377849**

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

TITLE **PD** ☐ Delete
NAME **POLLARD, JOY**
STREET ADDRESS **112 HILLS BAY DRIVE**
CITY-ST-ZIP **DAVENPORT, FL 338377849**

TITLE ☒ Change ☐ Addition
NAME *12 Hentleaze Business Centre, Harbury Rd*
STREET ADDRESS *Hentleaze, Bristol UK B59 4PN*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Lemus POA

Date

Daytime Phone #

4/2/03

407-869-6366

CR2E034 (10/02)