

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90051 037 ***150.00

428861



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000009338

1. Entity Name
DISTINGUISHED IMAGES INC.

Principal Place of Business

**845 9TH AVE N
 SUITE 101
 SAFETY HARBOR FL 34695**

Mailing Address

**P.O. BOX 261
 SAFETY HARBOR FL 34695**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 601

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SAFETY HARBOR FL.

4. FEI Number

59-3621693

Applied For

Not Applicable

Zip

Country

Zip

34695

Country

FLORIDA

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

**MAGINNES, WILLARD A
 1773 RIVERWATCH BLVD
 TARPON SPRINGS FL 34689**

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

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 ☐ Delete
 NAME **P MAGINNES, WILLARD**
 STREET ADDRESS **1773 RIVERWATCH BLVD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE ☐ Delete
 NAME **V HAMILTON, ARTHUR**
 STREET ADDRESS **2121 OTTER WAY**
 CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Willard Maginnes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (727) 725-4240
 Date Daytime Phone #

CR2E034 (9/01)