FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2004 8:00 am
Secretary of State
07-15-2004 90007 013 ***150.00
08-13-2004 90072 003 ***400.00

DOCUMENT # P 00000010540

1. Entity Name
Dollar Image INC

DO NOT WRITE IN THIS SPACE

24079899

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2. Principal Place of Business	3. Mailing Address
4917 S.W. 13th Ave	4917 SW. 13th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral. FL
Zip: 33914 Country	Zip: 33914 Country

4. FEI Number 65-0989011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Thomas A. Piatkowski

Street Address (P.O. Box Number is Not Acceptable): 4917 S.W. 13 Ave

City: Cape Coral FL Zip Code: 33914

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PS
NAME	Thomas A. Piatkowski
STREET ADDRESS	4917 S.W. 13th Ave
CITY-ST-ZIP	Cape Coral FL 33914
TITLE	VP
NAME	Margaret Piatkowski
STREET ADDRESS	4917 S.W. 13th Ave
CITY-ST-ZIP	Cape Coral FL 33914
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: T.A. Piatkowski 7-10-04 239-334-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #