

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034791

1. Entity Name  
SANTIVA IMAGES, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90028 002 \*\*\*150.00

Principal Place of Business

Mailing Address

690 PURDY DRIVE  
SANIBEL FL 33957

690 PURDY DRIVE  
SANIBEL FL 33957

2. Principal Place of Business

15673 Beachcomber Ave

Suite, Apt. #, etc.

3. Mailing Address

15673 Beachcomber Ave

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

65-0998042

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

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

PAILES, ROBERT F  
690 PURDY DRIVE  
SANIBEL FL 33957

Name

PAILES, ROBERT F.

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

15673 Beachcomber Ave

City

FT Myers

FL

Zip Code

33908

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PAILES, ROBERT F  
CITY-ST-ZIP 690 PURDY DRIVE  
SANIBEL FL 33957

TITLE ☒ Change ☐ Addition  
NAME D/P  
STREET ADDRESS PAILES, ROBERT F  
CITY-ST-ZIP 15673 Beachcomber Ave  
FT. MYERS, FL 33908

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SECRETARY V  
STREET ADDRESS GEORGEANNE SOPICH  
CITY-ST-ZIP 15673 Beachcomber Ave  
FT-MYERS, FL 33908

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01

Daytime Phone #

941 415 9290

CR2E034 (10/00)