

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049951

1. Entity Name
IMAGECRAFT DESIGNS, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90115 028 ***150.00

Principal Place of Business

40 FAULKNER STREET
NEW SMYRNA BEACH FL

Mailing Address

40 FAULKNER STREET
NEW SMYRNA BEACH FL

2. Principal Place of Business

102.5 Riverside Drive
Suite, Apt. #, etc.

3. Mailing Address

102.5 Riverside Drive
Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

City & State

New Smyrna Bch, FL

Zip

Country

32168

Volusia

Zip

Country

32168

Volusia

4. FEI Number

593648403

Applied For

Not Applicable

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

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, 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 VOLKMAN, PAIGE
CITY-ST-ZIP 126 MERRIMAC STREET
EDGEWATER FL 32132

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CORHERN, JON
CITY-ST-ZIP 809 FERNALD
EDGEWATER FL 32132

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:

Paige G. Volkman Paige G. Volkman 02/07/01 (904) 428-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)