

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

05-27-2002 90441 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POO 000049951 ✓
 1. Entity Name
 IMAGECRAFT DESIGN, INC.

DO NOT WRITE IN THIS SPACE

93707

2. Principal Place of Business
 102 S. RIVERSIDE DR.
 Suite, Apt. #, etc.

3. Mailing Address
 102 S. RIVERSIDE DR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 NEW SMYRNA BEACH, FL
 Zip
 32168
 Country
 USA

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 Zip
 32168
 Country
 USA

4. FEI Number
 59-3648403

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 Jon Corhern
 Street 102 S. Riverside Dr.
 City New Smyrna Beach FL Zip Code 32168

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 Jon Corhern - President Jon Corhern 6-13-02
 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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 SECRETARY/TREASURER
 PAIGE VOLKMANN
 310 OLIVER DRIVE
 NEW SMYRNA BEACH, FL 32168

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

SIGNATURE: Paige G. Volkmann 04/30/02 (386) 428-5553
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paige G. Volkmann