

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91337 031 ***150.00

5/15/04

DOCUMENT # **P00000049951**

1. Entity Name
IMAGECRAFT DESIGNS, INC.



Principal Place of Business
**102 S RIVERSIDE DRIVE
NEW SMYRNA BEACH FL 32168**

Mailing Address
**102 S RIVERSIDE DRIVE
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business
310 Oliver Dr.
Suite, Apt. #, etc.

3. Mailing Address
310 Oliver Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
New Smyrna Bch, FL
Zip
32168

City & State
New Smyrna Bch, FL
Zip
32168

4. FEI Number
59-3648403

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORHERN, JON
102 S RIVERSIDE DR
NEW SMYRNA BCH FL 32768**

7. Name and Address of New Registered Agent

Name **Jon Corhern**
Street Address (P.O. Box Number is Not Acceptable)
310 Oliver Dr.
City **New Smyrna Bch, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jon Corhern**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-22-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **ST** ☐ Delete
NAME **VOLKMANN, PAIGE**
STREET ADDRESS **310 OLIVER DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Change ☐ Addition
NAME **PAIGE GARRETT**
STREET ADDRESS **310 Oliver Dr.**
CITY-ST-ZIP **New Smyrna Bch, FL**

TITLE **President** ☐ Change ☐ Addition
NAME **Jon Corhern**
STREET ADDRESS **310 Oliver Dr.**
CITY-ST-ZIP **New Smyrna Bch, FL**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jon Corhern**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 386-428-5553
Date Daytime Phone #

CR2E034 (10/02)