

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050359

1. Entity Name
IMAGE MANAGEMENT ARCHIVAL & RETRIEVAL, INC.

Principal Place of Business
1252 ROLLING WOODS LANE
LAKELAND FL 33813-1254

Mailing Address
1252 ROLLING WOODS LANE
LAKELAND FL 33813-1254

2. Principal Place of Business
53 LAKE MORTON DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
SAME

City & State
LAKELAND FL
Zip
FL

Country
POLK/USA

Zip
33801

Country
USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Des red ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DACUNHA, IMAR B
1252 ROLLING WOODS LANE
LAKELAND FL 33813-1254

Name
STEPHEN W. BAYLIS
Street Address (P.O. Box Number is Not Acceptable)
53 LAKE MORTON DRIVE
City
LAKELAND
Zip Code
33801

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 if applicable

(NOTE: Registered Agent signature required when re-appointing)

3-23-01
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 NAME STREET ADDRESS CITY-STATE-ZIP | D DACUNHA, IMAR B 1252 ROLLING WOODS LANE LAKELAND FL 33813-1254 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
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|---|--|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD STEPHEN W. BAYLIS 53 LAKE MORTON DRIVE LAKELAND FL 33801 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN W. BAYLIS

3-23-01

883-688-8841

FILED
May 21, 2001 8:00 am
Secretary of State

04-26-2001 90183 001 ***750.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)