2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000050359 **DOCUMENT #**

1 Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

IMAGE MANAGEMENT ARCHIVAL & RETRIEVAL, INC.								03-10-2003 90676 001 ***600.00			
Principal Place of Business 53 LAKE MORTON DRIVE LAKELAND FL 33801			53 L	Mailing Address 53 LAKE MORTON DRIVE LAKELAND FL 33801				: 1843(1881 401): 68(1 40) 56) ; s	PILL BRIST BLEIT SP188 TELS	(1 1115 1811 1881	
Principal Place of Business 3. Mailing Address											
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.			\dashv	CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number NOT APPLICABLE Applied For Not Applical		``		
Zip	Zip Country		Zip		Countr	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Curre	nt Registere	stered Agent				7. Name and Address of New Registered Agent			
041/10						Name					
BAYLIS, STEPHEN W. 53 LAKE MORTON DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
LAKELAND FL 33801						•					
·						City	F⊾∣∵				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
F	ILE NOW!!	FEE IS \$150.00								_	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees	
10. OFFICERS AN			D DIRECTORS 11.				Α	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Baylis, S 53 Lake M Lakeland	iorton drive		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	ADDRESS	, ,,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME	ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			☐ Change	Addition	

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 hat 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 the 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 than powered.

SIGNATURE:

863-688-8841

Daytime Phone #