

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054636

1. Entity Name
IMAGE SOLUTIONS INC.

Principal Place of Business
8069 STIRRUP CAY COURT
BOYNTON BEACH FL 33436

Mailing Address
8069 STIRRUP CAY COURT
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FISHER, MAUREEN T
8069 STIRRUP CAY COURT
BOYNTON BEACH FL 33436

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
FISHER, MAUREEN
8069 STIRRUP CAY COURT
BOYNTON BEACH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
FISHER, CHALRES E II
8069 STIRRUP CAY COURT
BOYNTON BEACH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300004614293--8
-09/27/01--01086--008
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/1/01

5613648966

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 AM 10:33



DO NOT WRITE IN THIS SPACE

0070038 AV

CR2E034 (5/01)



Charles Fisher
President

September 10, 2001

Dear Sir:

I spoke with someone from your office today and explained to them this is my first UBR received. They requested I send a letter explaining this and make the check payable for \$150. If you have any questions please contact me at your covience.

Sincerely,

Charles Fisher II

Your company's image is our business.