

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002389

DOCUMENT # P00000077998

1. Entity Name

OCTA IMAGES INCORPORATED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 June 13 PM 2:15

Principal Place of Business

Mailing Address

P O BOX 1662  
VALRICO FL 33595

P O BOX 1662  
VALRICO FL 33595

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VALRICO FL

Zip

Country

Zip

Country

33595 Hillsborough

4. FEI Number

65-0349889

Applied For

Not Applicable

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

OCTAVIANO, NICHOLAS C  
404 SUMMIT CHASE DR  
VALRICO FL 33594

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 \$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 PSD  
NAME OCTAVIANO, NICHOLAS C  
STREET ADDRESS 404 SUMMIT CHASE DR  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE  
NAME 500004448635 ☐ Change ☐ Addition  
STREET ADDRESS -06/28/01--01019--016  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE VTD  
NAME OCTAVIANO, KIMBERLY J  
STREET ADDRESS 404 SUMMIT CHASE DR  
CITY-ST-ZIP VALRICO FL 33595 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/3-662-6625

CR2E034 (10/00)