

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**  
 03-14-2002 90036 044 \*\*\*158.75

**DOCUMENT # P00000077998**

**1. Entity Name**  
**OCTA IMAGES INCORPORATED**

**Principal Place of Business**

**P O BOX 1662  
 VALRICO FL 33595**

**Mailing Address**

**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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

**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 admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**NO CHANGES.** *Nicholas Octaviano*  
 SIGNATURE PRES.

**NICHOLAS OCTAVIANO (PRES.)**

**2-27-02**

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, 2002 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 ☐ Delete  
**NAME** OCTAVIANO, NICHOLAS C  
**STREET ADDRESS** 404 SUMMIT CHASE DR  
**CITY-ST-ZIP** VALRICO FL 33594

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**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:**

*Nicholas Octaviano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-27-02** **(83)662-6625**

CR2E034 (9/01)