FILED
Aug 31, 2001 8:00 am
Secretary of State
07-19-2001 90006 034 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098797

1. Entity Name
REALTIME IMAGING, INC.

Principal Place of Business: 185 S. LAWRENCE BLVD KEYSTONE HTS FL 32656
Mailing Address: PO BOX 1520 KEYSTONE HTS FL. 32656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
185 S. LAWRENCE BLVD	PO BOX 1520
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEYSTONE HTS. FL	City & State: KEYSTONE HTS. FL
Zip: 32656 Country: CLAY	Zip: 32656 Country: CLAY

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OMA VAN BREDA
185 S. LAWRENCE BLVD.
KEYSTONE HTS, FL. 32656

7. Name and Address of New Registered Agent
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] 05/01/01
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 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-ST-ZIP	CEO / PRESIDENT OMA VAN BREDA 185 S. LAWRENCE BLVD. KEYSTONE HTS. FL. 32656 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E031 (11/00)

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] CEO 5/01/01 3524739111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #