

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90015 016 ***150.00

DOCUMENT # P01000008213

1. Entity Name

DELMONT IMAGING CORPORATION ✓

Principal Place of Business

Mailing Address

**C/O COMETECH
 205 WAYMONT COURT STE 111
 LAKE MARY FL 32746**

**C/O COMETECH
 205 WAYMONT COURT STE 111
 LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

452 OSCEOLA STREET

452 OSCEOLA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 106

SUITE 106

City & State

City & State

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

32701-7800

32701-7800



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3693991

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

LAVIGNE, JAMES R

C/O COMETECH

**205 WAYMONT COURT STE 111
 LAKE MARY FL 32746**

**452 OSCEOLA STREET
 SUITE 106
 ALTAMONTE SPRINGS, FL 32701**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MONTILLOT, PIERRE	NAME	
STREET ADDRESS	3 AVENUE DU PEBRE D'AT	STREET ADDRESS	
CITY-ST-ZIP	13600 LA CIOTAT-FRANCE	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DELABRE, GILLES	NAME	
STREET ADDRESS	39 RUE DE SEVRES	STREET ADDRESS	
CITY-ST-ZIP	75006 PARIS - FRANCE	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 officers empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
MONTILLOT Pierre

January 18, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)