

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

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

Mailing Address

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

2. Principal Place of Business

452 OSCEOLA STREET

Suite, Apt. #, etc.

SUITE 106

City & State

ALTAMONTE SPRINGS, FL

Zip

32701-7800

Country

3. Mailing Address

452 OSCEOLA STREET

Suite, Apt. #, etc.

SUITE 106

City & State

ALTAMONTE SPRINGS, FL

Zip

32701-7800

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3693991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current 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**

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, 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MONTILLOT, PIERRE**
 CITY-ST-ZIP **3 AVENUE DU PEBRE D'AT
 13600 LA CIOTAT-FRANCE**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DELABRE, GILLES**
 CITY-ST-ZIP **39 RUE DE SEVRES
 75006 PARIS - FRANCE**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 2002

Date

Daytime Phone #

CR2E034 (9/01)