

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90332 021 ***150.00

DOCUMENT # P01000013538

1. Entity Name
IMAGE MAKERS DESIGN GROUP, INC.

Principal Place of Business
**6051 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931**

Mailing Address
**6051 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931**

2. Principal Place of Business
15630 LAUREL DAWN DR
 Suite, Apt. #, etc.

3. Mailing Address
15630 LAUREL DAWN DR
 Suite, Apt. #, etc.

City & State
 Ft. Myers, FL
 Zip
33912

Country
LEE

City & State
 Ft. Myers, FL
 Zip
33912

Country
LEE

4. FEI Number **Applied for** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PITTMAN, LARRY
 6051 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931**

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 **4/30/02**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input checked="" type="checkbox"/>
	PITTMAN, LARRY	6051 ESTERO BOULEVARD	FORT MYERS BEACH FL 33931	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	DP			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Denise Masino	15630 Laurel Dawn Drive	Fort Myers FL 33912		
	DV			<input type="checkbox"/>	<input type="checkbox"/>
	Robert Masino	15630 Laurel Dawn Drive	Fort Myers FL 33912		
	DST			<input type="checkbox"/>	<input type="checkbox"/>
	Barbara Celestino	380 Bayland Road	Fort Myers Beach FL 33931		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/30/02** DAYTIME PHONE # **941 482 6479**

CR2E034 (9/01)