2002 UNIFORM BUSINESS REPORT (UBR)

P01000042606 **DOCUMENT #**

1. Entity Name

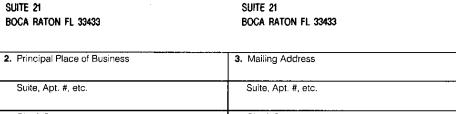
Principal Place of Business

20937 SAINT ANDREWS BLVD.

THE IMAGE REPORT, INC. cseeve, inc.

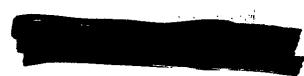
FILED May 02, 2002 8:00 am Secretary of State 05-02-2002 90046 039 ***158.75





Mailing Address

20937 SAINT ANDREWS BLVD.



2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State	City & State			1/ E 160/2477 H					pplied For	
Zip		Country	Zip	Country		5. (\$8.75 Ac	8.75 Additional			
	6. Name a	nd Address of Current	Registered Agent	•		7. N	lame and	Address o	f New Re	gistered	Agent		
SKOLNIK, RANDALL K 20937 SAINT ANDREWS BLVD.					Name								
					Street Address (P.O. Box Number is Not Acceptable)								
SUITE 21		_							-				
BOCA RATON FL 33433					City FL Zip Code								
8. The above		ubmits this statement for printed name of registered agent			red office or reg	·		th, in the Sta	ate of Flor	ida. DATE			
Tax filing r		e to satisfy its Intangible d elects to do so.	After May	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of S				etion Camp est Fund Co	•	~ ,		00 May Be d to Fees	
11.		OFFICERS AND	DIRECTORS	12.		ADI	DITIONS	CHANGES	TO OFFIC	CERS AN	D DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAME SKOLNIK, RANDALL K STREET ADDRESS 20937 SAINT ANDREWS BLVD. SUITE 21										☐ Change	☐ Addition	
EITLE NAME STREET ADDRESS CITY-ST-ZIP	,		□ Delei	NAM STR					· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STR				1. 1. -1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STR	I .			•			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STR							☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	eartify that the in	formation supplied with	Delet	NAM STR	ME EET ADDRESS '-ST-ZIP	n Section 1	<u>.</u> .	i) Florida St	atutee I f	urther co	Change	Addition	

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 of the corporation of the receiver or trustee empowers changed, or on an attachment with a raddress, with a

SIGNATURE: 4

Daytime Phone #