

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90050 050 \*\*\*150.00

**DOCUMENT # P01000068842**

1. Entity Name  
**IMAGES OF PERFECTION, INC.**

Principal Place of Business  
**512 EAST 15TH STREET**  
**PANAMA CITY FL 32401**

Mailing Address  
**512 E. 15th St**  
**PO BOX 35445**  
**PANAMA CITY FL 32412-5445 32401**

**39662**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**512 East 15th St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**512 East 15th St**  
 Suite, Apt. #, etc.

City & State  
**Panama City, FL**  
 Zip  
**32401**  
 Country  
**Bay**

4. FEI Number  
**04-3680888**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKLIN, LINDA L**  
**1614 E 7TH PLAZA**  
**PANAMA CITY FL 32401**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <b>FRANKLIN, LINDA L</b> <b>1614 E 7TH PLAZA</b> <b>PANAMA CITY FL 32401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

**Linda L Franklin**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/16/02 850 763-0120**  
 Date Daytime Phone #

Attachment

7/16/02

39662 / #P010006884

To Whom it May Concern,  
I thought all paper work was  
Complete, until I got this notice  
in the mail all other papers  
were sent to P.O. Box which is  
not a good address. All mail  
is now being sent to 512 E. 15<sup>th</sup> St.  
So I am requesting that you  
waive all late fees due to the  
mix up in the mail system.

Thank you.  
Ms. Linda R. Fard.