

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

07-09-2002 90379 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087035

1. Entity Name
SEMINOLE IMAGING PRODUCTS INC.

Principal Place of Business
706 TEAL LANE
ALTAMONTE SPRINGS FL 32701

Mailing Address
706 TEAL LANE
ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 593743322		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			

6. Name and Address of Current Registered Agent
ALEXANDER, PIERRE
706 TEAL LANE
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Pierre Alexander* *Pierre Alexander* 7/22/02
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.
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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ALEXANDER, PIERRE 706 TEAL LANE ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, PIERRE 706 TEAL LANE ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, KIRSTEN 706 TEAL LANE ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Pierre Alexander* SIGNATURE *Pierre Alexander* 7/02/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment # PO1000087035 [REDACTED]

39667

SEMINOLE IMAGING PRODUCTS, INC.
706 TEAL LANE
ALTAMONTE SPRINGS, FL 32701

July 2, 2002

Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Seminole Imaging Products, Inc.
Document # PO1000087035

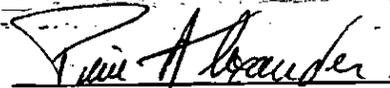
Gentlemen:

This corporation was formed in the month of September, 2001 - and 2002 is our first full year of business.

We did not receive the first UBR report form, which had a May 1, 2002 due date. Therefore we are filing the report form that we just received, and ask that you please accept our check for \$150.00 and abate the penalty of \$400.00. It would be greatly appreciated if you would do this.

Thank you.

Very truly yours,



Pierre Alexander

PA:mt

FEI # 593743322