

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90340 024 ***158.75

DOCUMENT # P01000092210

1. Entity Name
BAY AREA MOBILE MRI, INC.

Principal Place of Business

**510 E DRUID RD SUITE B
CLEARWATER FL 33756**

Mailing Address

**510 E DRUID RD SUITE B
CLEARWATER FL 33756**

2. Principal Place of Business

818 E. Colonial Dr.
Suite, Apt. #, etc.

3. Mailing Address

818 E. Colonial Dr.
Suite, Apt. #, etc.

City & State

Orlando, FL 32803

City & State

Orlando, FL 32803

4. FEI Number

59-3745337

Applied For

☐ Not Applicable

Zip

Country

32803

USA

Zip

Country

32803

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILKINSON, TERRI
818 E COLONIAL DR
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Lee D. Effenson

Street Address (P.O. Box Number is Not Acceptable)

818 E. Colonial Dr.

City

Orlando

FL

Zip Code

32803

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)

04/11/2002

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 **PD** ☐ Delete
NAME **EFFENSON, LEE D**
STREET ADDRESS **818 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VD** ☐ Delete
NAME **EFFENSON, KATHLEEN**
STREET ADDRESS **818 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32803**

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
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee D. Effenson
04/11/2002 (407) 650-8883

Date

Daytime Phone #

CR2E034 (9/01)