

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90233 041 \*\*\*150.00

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DOCUMENT # P01000096701

1. Entity Name

~~RALLY ASSOCIATES, INC.~~

*360 Imaging Services, Inc*

Principal Place of Business

724 BARBARA STREET  
PALM HARBOR FL 34684

Mailing Address

724 BARBARA STREET  
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

*30617 U.S. Hwy 19 N*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Ste 611*

City & State

City & State

*Palm Harbor, FL*

Zip

Country

Zip

Country

*34684*

*USA*

6. Name and Address of Current Registered Agent

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD**  
**BROWN, JANET**  
**724 BARBARA STREET**  
**PALM HARBOR FL 34684**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JANET DREWRY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD**  
**DREWRY, TROY**  
**724 BARBARA STREET**  
**PALM HARBOR FL 34684**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JANET DREWRY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/03*

*727 784 5544*

Date

Daytime Phone #

CR2E034 (10/02)