

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90173 029 ***150.00

DOCUMENT # P01000118443

1. Entity Name
DEX IMAGING, INC.

Principal Place of Business
 101 E. KENNEDY BLVD., STE. 2800
 TAMPA FL 33602

Mailing Address
 101 E. KENNEDY BLVD., STE. 2800
 TAMPA FL 33602



2. Principal Place of Business
5100 W. Cypress Street
 Suite, Apt. #, etc.

3. Mailing Address
5100 W. Cypress Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
01-0577199

Applied For
 Not Applicable

Zip Country
33607 USA

Zip Country
33607 USA

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

6. Name and Address of Current Registered Agent

RECCHIO, AMY W
 101 E. KENNEDY BLVD., STE. 2800
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
W. Thompson Thorn, III
 Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Boulevard
 Suite 2800
 City **Tampa** FL Zip Code **33602**

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

Signatures, typed or printed name of registered agent and fee 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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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CR2E034 (9/01)

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 **Daniel M. Doyle, Jr.** Date

813-288-8080

Daytime Phone #