

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

4/1

04-10-2003 90445 001 ***300.00

DOCUMENT # P02000009126

1. Entity Name
IMAGE SUPPLY, INC.



Principal Place of Business
**3780 BURNS ROAD
SUITE #6
PALM BEACH GARDENS FL 33410**

Mailing Address
**3780 BURNS ROAD
SUITE #6
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business
814 14th STREET
Suite, Apt. #, etc.

3. Mailing Address
814 14th STREET
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE PARK
Zip
33403 Country
USA

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LAKE PARK
Zip
33403 Country
USA

4. FEI Number
80-0037011 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, CHRISTOPHER T
3780 BURNS ROAD
SUITE #6
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name
WILSON, CHRISTOPHER T
Street Address (P.O. Box Number is Not Acceptable)
814 14th STREET
City
LAKE PARK FL Zip Code
33403

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christopher T Wilson 814 14th St, Lake Park FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Timothy B. Wilson 814 14th St, Lake Park, FL 33403 <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

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-A-03 361-814-8778

Date

Daytime Phone #

CR2E034 (10/02)