8/20

FILED
Sep 02, 2003 8:00 am
Secretary of State
08-20-2003 90049 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000017972

1. Entity Name
A PERFECT IMAGE, INC.

Principal Place of Business
38350 PALM GROVE DR.
ZEPHYRHILLS, FL 33541

Mailing Address
38350 PALM GROVE DR.
ZEPHYRHILLS, FL 33541

55055460

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2029709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERT, DUDLEY E
38350 PALM GROVE DR.
ZEPHYRHILLS, FL 33541

7. Name and Address of New Registered Agent

Name: Andrea R. Albert
Street Address (P.O. Box Number is Not Acceptable)
38350 Palm Grove Drive
City: Zephyrhills FL Zip Code: 33542

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: Andrea R. Albert Andrea R. Albert - Pres. 8.28.03
(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 2, 2003 Fee will be $550.00
Amended UBR is $61.25
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	DP ALBERT, DUDLEY E 38350 PALM GROVE DR. ZEPHYRHILLS, FL 33541 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT ALBERT, DONALD D 38350 PALM GROVE DR. ZEPHYRHILLS, FL 33541 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALBERT, ANDREA R 38350 PALM GROVE DR. ZEPHYRHILLS, FL 33541 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Andrea R. Albert 38350 Palm grove Dr. Zephyrhills, Fl 33542 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Andrea R Albert Andrea R. Albert 8.28.03 813-779/655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #