

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000133477

FILED  
Apr 22, 2003  
Secretary of State

Entity Name: BINARY IMAGE, INC.

**Current Principal Place of Business:**

19115 NW 100TH AVE. RD.  
MICANOPY, FL 32667

**New Principal Place of Business:**

**Current Mailing Address:**

19115 NW 100TH AVE. RD.  
MICANOPY, FL 32667

**New Mailing Address:**

FEI Number: 30-0144863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RETH, THERESA A ESQ.  
108 N. MAGNOLIA AVE., SUITE 318  
OCALA, FL 34475

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITE, NORMAN L  
Address: 19115 NW 100TH AVE. RD.  
City-St-Zip: MICANOPY, FL 32667

Title: D ( ) Delete  
Name: RETH, THERESA A  
Address: 108 N. MAGNOLIA AVE., SUITE 318  
City-St-Zip: OCALA, FL 34475

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN L WHITE

D

04/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date