

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90061 031 ***150.00

DOCUMENT # P17784

1. Entity Name
GULF AMERICA IMAGING, INC.



Principal Place of Business
**2905 E CERVANTES
PENSACOLA FL 32503
US**

Mailing Address
**P.O. BOX 1464
GULF BREEZE FL 32562
US**

00000340



2. Principal Place of Business
**3405 Hillside Avenue
Suite, Apt. #, etc.
Gulf Breeze, FL 32563
City & State**

3. Mailing Address
**3405 Hillside Avenue
Suite, Apt. #, etc.
Gulf Breeze, FL 32563
City & State**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2818049** Applied For
Not Applicable

Zip Country Zip Country
32563 USA 32563 USA

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

6. Name and Address of Current Registered Agent

**BROWN, GERALD L.
3300 N. PACE BLVD.
PENSACOLA FL 32505**

**3405 Hillside Avenue
Gulf Breeze, FL 32563**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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	Delete
V	BERNARD, ALBERT	3300 N. PACE BLVD.	PENSACOLA FL	<input type="checkbox"/>
PD	BROWN, GERALD	3300 N. PACE BLVD.	PENSACOLA FL	<input type="checkbox"/>
ST	MORRIS, PATRICIA	3300 N PACE BLVD	PENSACOLA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		3405 Hillside Avenue	Gulf Breeze, FL 32563	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3405 Hillside Avenue	Gulf Breeze, FL 32563	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3405 Hillside Avenue	Gulf Breeze, FL 32563	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 supplementary 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: *Patricia Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 850/932-1826
Date Daytime Phone #

CR2E034 (10/02)