2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 27, 2002 8:00 am **Secretary of State** DOCUMENT # P94000026080 1. Entity Name 03-27-2002 90073 028 ***150.00 IMAGE MAKER OF AMERICA, INC. Principal Place of Business Mailing Address IMAGE MAKER OF AMERICA.INC IMAGE MAKER OF AMERICA.INC B0052373 5130 FOX HUNT DRIVE 5130 FOX HUNT DRIVE WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0494920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, EVELYN Street Address (P.O. Box Number is Not Acceptable) 5130 FOX HUNT DRIVE WESLEY CHAPEL FL 33543 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tak filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLE Delete TITLE GROSS, EVELYN NAME NAME GROSS Evely 5130 FOX Hunt Drive 1511 CAPTIVA ROAD, #8-A-STREET ADDRESS STREET ADDRESS CAPTIVA FL 33924 CITY-ST-ZIP CITY-ST-ZIP wesley Chapel ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition-TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

FILED

Daytime Phone #