

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90018 031 \*\*\*150.00

DOCUMENT # P94000062598

1. Entity Name

AMERICAN IMAGE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

386 BRUSHWOOD LA.  
 PO BOX 1525  
 GOLDENROD FL 32733-1525  
 US

P.O. BOX 1525  
 GOLDENROD FL 32733-1525  
 US

LUU7473J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1159 PALADIN CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL.

Zip

Country

Zip

Country

32812 US

4. FEI Number

59-3245843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, JAMES H  
 386 BRUSHWOOD LA.  
 WINTER SPRINGS FL 32708

Name

MORAN, JAMES H.

Street Address (P.O. Box Number is Not Acceptable)

1159 PALADIN CT.

City

ORLANDO

FL

Zip Code

32812

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PVST  
 MORAN, JAMES H  
 386 BRUSHWOOD LA.  
 WINTER SPRINGS FL 32708 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PV  
 MORAN, JAMES H.  
 1159 PALADIN CT.  
 ORLANDO, FL. 32812 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ST  
 MORAN, SHARON F.  
 1159 PALADIN CT.  
 ORLANDO, FL. 32812 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like employees.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 APRIL 00

407-446-1313

Date

Daytime Phone #

C:\P\E034 (9/99)