

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069806

1. Entity Name

BIODERMETIQUES IMAGES INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90790 033 ***150.00

Principal Place of Business

2338 IMMOKALEE RD.
#271
NAPLES FL 33942-1445

Mailing Address

2338 IMMOKALEE RD.
#271
NAPLES FL 34110-1445

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

65-0554919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISER, DONALD
2338 IMMOKALEE RD
#271
NAPLES FL 33942

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 P
NAME WISER, DONALD
STREET ADDRESS 22655 ISLAND LAKES DRIVE
CITY-ST-ZIP NAPLES FL 33928 ☐ Delete

TITLE President
NAME Virginia Wiser
STREET ADDRESS 22655 Island Lakes Dr. Estero FL
CITY-ST-ZIP 33928 ☒ Change ☐ Addition

TITLE TS
NAME STATES, DENISE
STREET ADDRESS 3175 BEE STREET E.
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE Shawn Wiser
NAME Vice-Pres.
STREET ADDRESS 22655 Island Lakes Dr Estero FL
CITY-ST-ZIP 33928 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Virginia Wiser Pres

4/27/00

941-947-1108