

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90108 029 \*\*\*150.00

DOCUMENT # **P95 0000 32515**  
 1. Entity Name **INCIDENT IMAGES, INC.**

Principal Place of Business **8306 MILLS DRIVE SUITE 339 MIAMI, FL. 33183**  
 Mailing Address **8306 MILLS DRIVE SUITE 339 MIAMI, FL. 33183**

2. Principal Place of Business **6800 S.W. 40TH STREET SUITE, Apt. #, etc. #669**  
 City & State **MIAMI, FLORIDA**  
 Zip **33155** Country **U.S.A.**  
 3. Mailing Address **6800 S.W. 40TH STREET SUITE, Apt. #, etc. #669**  
 City & State **MIAMI, FLORIDA**  
 Zip **33155** Country **U.S.A.**

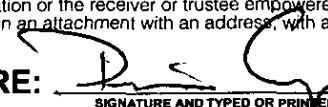
**C0081022**  
 DO NOT WRITE IN THIS SPACE

4. FEI Number **65-058233B** Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent **CAMPS, DWAIN 8306 MILLS DRIVE SUITE 339 MIAMI, FL. 33183**  
 7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) **6800 S.W. 40TH STREET #669**  
 City **MIAMI** FL **33155**

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  **- REGISTERED AGENT** **4/21/00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P DWAIN CAMPS</b>	<input type="checkbox"/> Delete	TITLE	<b>6800 S.W. 40TH STREET #669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8306 MILLS DRIVE SUITE 339</b>		NAME	<b>MIAMI, FL. 33155</b>	
STREET ADDRESS	<b>MIAMI, FL. 33183</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **- DWAIN CAMPS - PRESIDENT** **4/21/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)