## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P95000059591 1. Entity Name IMAGE CATCHERS, INC. 04-12-2000 90177 020 \*\*\*150.00 Mailing Address Principal Place of Business 1733 NW 111TH WAY 1733 NW 111TH WAY C0058831 CORAL SPRINGS FL 33071 SUITE 204 CORAL SPRINGS FL 33071-5135 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0598992 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1733 N E 111TH WAY **CORAL SPRINGS FL 33071** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change PD ☐ Delete TITLE TITLE NAME TAYLOR, RICHARD NAME STREET ADDRESS STREET ADDRESS 1733 NW 111TH WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL □ '22" ☐ Change ☐ Delete TITLE TITLE ٧S TAYLOR, KAREN A NAME STREET ADDRESS STREET ADDRESS 1733 NW 111TH WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ \*\*\*\*\*\*\* ☐ Change ☐ Delete TITLE TITLE 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. RICHARD & TAYLOR SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR