

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT #

1. Entity Name

995000025720

Full Spectrum Imaging, Inc.

R

FILED
Jul 19, 2000 8:00 am
Secretary of State

06-07-2000 90429 035 ***150.00

Principal Place of Business

Mailing Address

11869A N. Pine Island Rd
Plantation FL 33322

1869A N. Pine Island Rd
Plantation, FL 33322

2. Principal Place of Business

1869A N. Pine Island Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Zip

33322

Country

USA

Country

4. FEI Number

65-0654952

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

Mitchell Stein
1869A N. Pine Island Rd
Plantation, FL 33322

Name Michael J. Kierzynski CPA

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

543 Commercial Way

City

Brooksville

FL

Zip Code

34606

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

7/13/2000

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 Mitchell Stein, President ☐ Delete

NAME 6321 NW 74th Ave

STREET ADDRESS Tamarac, FL 33321

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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

5/5/00 954-916-9000

Date

Daytime Phone #

CR2E034 (9/99)