Apr 22 04 01:08p WC Lamm 7

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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90579 045 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000094615

1. Entity Name
UNITED IMAGE, INC.

14007306

Principal Place of Business	Mailing Address
12451 TITAN WAY PORT SAINT LUCIE, FL 34987	12451 TITAN WAY PORT SAINT LUCIE, FL 34987

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
106 SW Peacock Blvd.	60 Sixth Ave
Suite, Apt. #, etc. #204	Suite, Apt. #, etc.
City & State Port St. Lucie FL	City & State Vero Beach FL.
Zip 34986 Country US	Zip 32962 Country US

4. FEI Number 65-0643974 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAMM, WC
60 SIXTH AVE
VERO BCH, FL 32962

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GLASGOW, DOUGLAS B STREET ADDRESS 12451 TITAN WAY CITY-ST-ZIP PORT SAINT LUCIE, FL 34987	☐ Delete	TITLE PD NAME Glasgow, Douglas B. STREET ADDRESS 106 S.W. Peacock Blvd. #204 CITY-ST-ZIP Port St. Lucie, FL. 34986	☐ Change ☐ Addition
TITLE D NAME GLASGOW, YVONNE M STREET ADDRESS 12451 TITAN WAY CITY-ST-ZIP PORT SAINT LUCIE, FL 34987	☐ Delete	TITLE D NAME Glasgow Yvonne M. STREET ADDRESS 106 S.W. Peacock Blvd #204 CITY-ST-ZIP Port St. Lucie, FL 34986	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne M. Glasgow — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/19/04