

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am
Secretary of State**

01-26-2000 90043 050 ***150.00

DOCUMENT # P96000049453

1. Entity Name

IMAGE STATION, INC.

Principal Place of Business

**6160 ULMERTON ROAD
SUITE 1
CLEARWATER FL 33760
US**

Mailing Address

**6160 ULMERTON ROAD
SUITE 1
CLEARWATER FL 33760-3948
US**

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 **59-3385188**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****80007951**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ALBANO, LOUIS A
605 7TH AVENUE NORTH
SAFETY HARBOR FL 34695****7. Name and Address of New Registered Agent**

Name

LOUIS A. ALBANO

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

939 BAYSHORE BLVD

City

SAFETY HARBOR**FL**

Zip Code

34695

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)

LOUIS A. ALBANO, PRESIDENT

DATE

1/17/009. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	ALBANO, LOUIS A			
	605 7TH AVENUE NORTH			
	SAFETY HARBOR FL 34695			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		939 BAYSHORE BLVD.			
		SAFETY HARBOR, FL 34695			

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 REQUIRED****President**

Date

1/17/00 (727) 535-9603

Daytime Phone #