## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **P97000003886** 1. Entity Name ADVANCED UNDERGROUND IMAGING, INC. 05-02-2000 90160 020 \*\*\*150.00 Mailing Address Principal Place of Business 201 E. GOVERNMENT STREET 5991 CHESTER AVE. SUITE 210 PENSACOLA FL 32501 JACKSONVILLE FL 32217-2245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 62-1671303 acksonuilla Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required usa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent allahan CALLAHAN, JEFF Box Number is Not Acceptable) 5944 RICHARD ST. JACKSONVILLE FL 32216 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition D TITLE ☐ Change Delete TITLE WOODS, PARVIN NAME NAME STREET ADDRESS STREET ADDRESS 1216 SHADYLAND DR. President CITY-ST-ZIP Jeff Callahan \*11511 Philips Hwy CITY-ST-7IP **KNOVILLE TN 37919** ☐ Addition TITLE ☐ Delete TITLE CALLAHAN, JEFF NAME STREET ADDRESS 5944 RICHARD ST. STREET ADDRESS Jacksonuille, FL 32256 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Addition TITLE Delete MCLAIN, LLOYD N NAME NAME 11112 PLEASANT FORREST DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KNOXVILLE TN 37922** ☐ Change ☐ Addition TITLE TITLE MCLAIN, N. LLOYD NAME 11112 PLEASANT FORREST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KNOXVILLE TN 37922** ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND