

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90163 032 ***550.00

DOCUMENT # P97000003886

1. Entity Name
ADVANCED UNDERGROUND IMAGING, INC.

Principal Place of Business
201 E. GOVERNMENT STREET
PENSACOLA FL 32501

Mailing Address
11511 PHILIPS HWY
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

1853 Kings Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville FL

Zip

Country

Zip

Country

4. FEI Number **62-1671303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAHAN, JEFF
11511 PHILIPS HWY
JACKSONVILLE FL 32256

Name **Jeff Callahan**

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

1853 Kings Ave.

City **Jacksonville**

FL

Zip Code **32207**

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

Jeff Callahan

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **VPT** ☐ Delete
NAME **CALLAHAN, JEFF**
STREET ADDRESS **11511 PHILIPS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PS** ☐ Delete
NAME **CALLAHAN, KATHY**
STREET ADDRESS **11511 PHILIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Jeff Callahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-02

Date

904 733 7324

Daytime Phone #

CR2E034 (4/02)