

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90100 037 \*\*\*558.75

0002768 AV

**DOCUMENT # P97000003886**

1. Entity Name  
**ADVANCED UNDERGROUND IMAGING, INC.**



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

Mailing Address  
**1853 KINGS AVE  
JACKSONVILLE FL 32207**



2. Principal Place of Business  
**5991 Chester Ave.  
Suite #104  
Jacksonville, FL  
32217 - USA**

3. Mailing Address  
**5991 Chester Ave.  
Suite #104  
Jacksonville, FL  
32217 - USA**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

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

**CALLAHAN, JEFF  
1853 KINGS AVE  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name  
**5991 Chester Ave.  
#104  
Jacksonville FL 32217**

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 A. Callahan** DATE **7-9-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CALLAHAN, JEFF <del>11511 PHILLIPS WAY</del> JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CALLAHAN, KATHY 11511 PHILLIPS HWY JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5991 Chester Ave. #104 Jacksonville, FL 32217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5991 Chester Ave. #104 Jacksonville, FL 32217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/9/03** Daytime Phone # **904-732-7324**

CR2E034 (4/03)