

# 2000 UNIFORM BUSINESS REPORT (UBR)

3,

DOCUMENT # P97000054250

1. Entity Name

DIGITAL IMPRESSIONS INC. OF CENTRAL FLA.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90004 039 \*\*\*150.00

Principal Place of Business

Mailing Address

715 W PLATT STREET  
TAMPA FL 33606  
US

715 W PLATT STREET  
TAMPA FL 33604-5206  
US

2. Principal Place of Business

3. Mailing Address

5801 Benjamin Center Dr  
Apt. #, etc.  
106  
City & State  
Tampa FLA.  
Zip  
33634  
Country  
USA

5801 Benjamin Center Dr  
Apt. #, etc.  
106  
City & State  
Tampa FLA.  
Zip  
33634  
Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3451687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DARDEN, RICHARD W  
715 W. PLATT STREET  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name  
Judith G. Cornelius CPA PA  
Street Address (P.O. Box Number is Not Acceptable)  
2005 Pam Am Circle Suite 500  
City  
TAMPA  
FL  
Zip Code  
33607

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

*Judith G. Cornelius*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/2000

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 \$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	D	<input type="checkbox"/> Delete
NAME	DARDEN, RICHARD W	
STREET ADDRESS	715 W. PLATT STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard W. Darden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28 2000

Date

813-901-5454

Daytime Phone #

CR2E034 (9/99)