

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90767 046 ***150.00

0591229 AV

DOCUMENT # P97000055532

1. Entity Name
IDEAS TO IMAGES, INC.



Principal Place of Business
2194 MAIN STREET
STE E
DUNEDIN FL 34698

Mailing Address
2194 MAIN STREET
STE E
DUNEDIN FL 34698

60017755



2. Principal Place of Business
1270 Overcash Dr
Suite, Apt. #, etc.

3. Mailing Address
1270 Overcash Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Dunedin FL
Zip
34698
Country
USA

City & State
Dunedin FL
Zip
34698
Country
USA

4. FEI Number 59-3513276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEYRA, MARY E
2194 MAIN STREET
STE E
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name Mary E. Leyra
Street Address (P.O. Box Number is Not Acceptable)
1270 OVERCASH DR
City DUNEDIN FL Zip Code 34698

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 *Mary E. Leyra*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PP PROVINO, JANIS P 1270 OVERCASH DR DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST LEYRA, MARY E 1270 OVERCASH DR DUNEDIN FL 34698 | <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 |
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| 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 | | <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 |

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: *Mary E. Leyra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

727-734-3553

Daytime Phone #

CR2E034 (10/02)