

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081753

1. Entity Name

CONNECTED IMAGES, INC.

Principal Place of Business

19 CAYMAN PLACE  
WEST PALM BEACH FL 33418  
US

Mailing Address

19 CAYMAN PLACE  
WEST PALM BEACH FL 33418  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

Country

Zip

Country

4. FEI Number

65-0785503

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOAN, JOHN F  
19 CAYMAN PLACE  
WEST PALM BEACH FL 33418  
Palm Beach Gardens

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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 \$150.00**  
**After MAY 1, 2001 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: PST / DIRECTOR  
NAME: JOHN F SLOAN  
STREET ADDRESS: 19 CAYMAN PLACE  
CITY-ST-ZIP: WEST PALM BEACH FL 33418 ☐ Delete

TITLE:   
NAME: Palm Beach Gardens  
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VICE PRESIDENT / DIRECTOR  
NAME: ELEANOR W. SLOAN  
STREET ADDRESS: 19 Cayman Place  
CITY-ST-ZIP: Palm Beach Gardens FL 33418 ☐ Change ☒ Addition

TITLE:   
NAME: See JOHN F. SLOAN  
STREET ADDRESS: DIRECTOR  
CITY-ST-ZIP: (if not already noted as such) ☐ Change ☒ Addition

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

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

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

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

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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. SLOAN

Date

04/03/01 561-630-0177

Daytime Phone #

FILED  
Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90020 039 \*\*\*150.00

(Not West Palm Beach)



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)