

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0545149 AV

**DOCUMENT # P97000100942**

1. Entity Name  
**MOTION X-RAY, INC.**

03-20-2002 90045 042 \*\*\*150.00

Principal Place of Business: **10868 NARCROSS CR ORLANDO FL 32825**  
 Mailing Address: **5 BIRDIE LANE PALM HARBOR FL 34683**

*Business is closed*



2. Principal Place of Business **~~10868 NARCROSS CR~~** 3. Mailing Address

Suite, Apt. #, etc. **~~None~~ No More** Suite, Apt. #, etc.

City & State **Place of Business** City & State

Zip Country Zip Country

4. FEI Number **59-3474323** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARPENTIER, FRANCE  
 5 BIRDIE LANE  
 PALM HARBOR FL 34683**

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

(NOTE: Registered Agent signature required when re-registering)

DATE *3/4/02*

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, 2002 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** ☐ Delete  
 NAME **CARPENTIER, FRANCE**  
 STREET ADDRESS **5 BIRDIE LANE**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
 NAME **ARGALL, RICK**  
 STREET ADDRESS **5 BIRDIE LANE**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 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: *France Carpentier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/4/02* *727-736-6998*  
 Date Daytime Phone #

CR2E034 (9/01)