

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101563

1. Entity Name

IMAGE-IN TECHNOLOGY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90015 020 ***150.00

Principal Place of Business

3575 GANDY BLVD
PINELLAS PARK FL 33781-2755

Mailing Address

3575 GANDY BLVD
PINELLAS PARK FL 33781-2755

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **57-3190318**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDDEN, STEPHEN D
3575 GANDY BLVD
PINELLAS PARK FL 33781-2755

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, 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	REDDEN, STEPHEN D	
STREET ADDRESS	3575 GANDY BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781-2755	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDEN, ROBIN L	
STREET ADDRESS	3575 GANDY BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781-2755	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSER, LOUIS A	
STREET ADDRESS	6680 31 TERRACE NO	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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:

Stephen D Redden **ROBIN REDDEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/5/00**

Daytime Phone # **725-577-091**