

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90724 003 \*\*\*150.00

**DOCUMENT # P97000101563**

1. Entity Name

**IMAGE-IN TECHNOLOGY, INC.**

Principal Place of Business

**1921 5TH AVENUE SOUTH  
 ST. PETERSBURG FL 33712**

Mailing Address

**1921 5TH AVENUE SOUTH  
 ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

**190 112TH AVENUE NORTH #1327**

**ST. PETERSBURG FL 33716**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **REDDEN, STEPHEN D**  
 STREET ADDRESS **190 112TH AVENUE N. #1327**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

TITLE **VP** ☐ Delete  
 NAME **MOSER, LOUIS A**  
 STREET ADDRESS **6680 31ST TERRACE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

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

TITLE **ST** ☐ Delete  
 NAME **REDDEN, ROBIN L**  
 STREET ADDRESS **5681 108TH AVENUE NORTH**  
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 29, 2002*

Date

Daytime Phone #

CR2E034 (9/01)

JUL-27-01 04:11 PM

Attachment 60128498

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000101563**

1. Entity Name  
**IMAGE-IN TECHNOLOGY, INC.**

FILED

01 AUG -3 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address  
**1921 5TH AVE SO  
ST PETERSBURG FL 33712**

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-3490318**  
**59-349-0-518** Applied For  
(Not Applicable)

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

6. Name and Address of Current Registered Agent

**STEPHEN D. REDDEN  
3575 GANDY BLVD.  
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name **STEPHEN D. REDDEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**190 112TH AVE N #1327**  
City **ST. PETERSBURG FL 33716**

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 **STEPHEN D. REDDEN** DATE **8/10/01**  
Signature of person or persons named on back of this report and the fee is payable to the Department of State. NOTE: REGISTERED AGENT SIGNATURE REQUIRED AND TRANSMITTED

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$100.00**  
**NO LATE MAY 1, 2001 Fee will be \$350.00**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEPHEN D. REDDEN</b>	
STREET ADDRESS	<b>5681 106TH AVE N.</b>	
CITY, ST, ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>LOUIS A. MOSER</b>	
STREET ADDRESS	<b>6660 31ST TERRACE NO</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL 33710</b>	
TITLE	<b>SEC. (TREASURER)</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBIN L. REDDEN</b>	
STREET ADDRESS	<b>5681 106TH AVE N.</b>	
CITY, ST, ZIP	<b>PINELLAS PARK FL 33782</b>	
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	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEPHEN D. REDDEN</b>	
STREET ADDRESS	<b>190 112TH AVENUE</b>	
CITY, ST, ZIP	<b>ST. PETERSBURG FL 33716</b>	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 entity; and that my name appears in Block 11 or Block 12.

CR284 (1100)