

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
 03-20-2001 90001 023 ***150.00

DOCUMENT # P98000086925

1. Entity Name
IMAGE CONTROL, INC.

Principal Place of Business

**7877 ELMSTONE CIRCLE
 ORLANDO FL 32822**

Mailing Address

**P.O. BOX 720596
 ORLANDO FL 32872**

817978



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7751 GRAND BLVD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1858

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

New Port Richey FL

Number

59-3538868

Applied For

Not Applicable

Zip

Country

34668

PASCO

Zip

Country

34656

PASCO

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

**HUMPHREY, CHARLES
 7877 ELMSTONE CIRCLE
 ORLANDO FL 32822**

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

03/03/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUMPHREY, CHARLES 6823 THOUSAND OAKS RD. ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, JERRY 11255 PINE FOREST DR NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GHAFFARI, BEN 9797 RUNNER STONE PL. BRISTOW VA 20136	<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
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(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 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 power like empowered.

SIGNATURE:

JERRY E. SMITH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/01
 Date

727 844 3744
 Daytime Phone #

CR2E034 (10/00)