

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093229

1. Entity Name

DIGITAL IMAGING INFRARED, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90068 022 ***150.00

Principal Place of Business

Mailing Address

174 SEMORAN COMMERCE PL
SUITE 111
APOPKA FL 32703

174 SEMORAN COMMERCE PL
SUITE 111
APOPKA FL 32703-4615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3540550

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

WEINSTEIN, ALAN S
500 N. MAITLAND AVE., STE 308
MAITLAND FL 32751

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT
NAME WEINSTEIN, ALAN S
STREET ADDRESS 500 N. MAITLAND AVE., STE 308
CITY-ST-ZIP MAITLAND FL 32751

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME VAN ANDA, JAMES B
STREET ADDRESS 2403 SWEETWATER CC PL DR.
CITY-ST-ZIP APOPKA FL 32712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ELLIS, SETH D
STREET ADDRESS 34041 PARKVIEW AVENUE
CITY-ST-ZIP EUSTIS FL 32726

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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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 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

Date

Daytime Phone #

James B Van Anda James Van Anda 3/31/00 (407) 884-0202

CR2E034 (9/99)