## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

## DOCUMENT # P98000094318

## FLORIDA MOTION X RAY INC.

2. Principal Place of Business

GROSS, GENE

1806 S HIGHLAND AVE **CLEARWATER FL 33756** 

9. This corporation is eligible to satisfy its Intangible

Suite, Apt. #, etc.

City & State

SIGNATURE

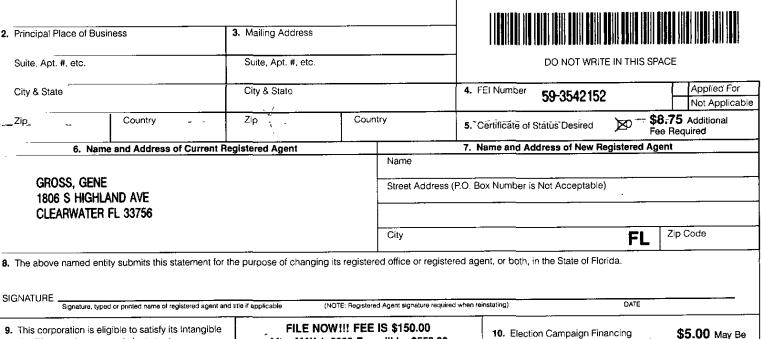
Mailing Address Principal Place of Business 1806 S HIGHLAND AVE 1806 S HIGHLAND AVE CLEARWATER FL 33756-1762 CLEARWATER FL 33756

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

## May 24, 2000 8:00 am Secretary of State

05-24-2000 90057 047 \*\*\*150.00



After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE Delete TITLE GROSS, GENE NAME NAME STREET ADDRESS 814 N GLENWOOD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

Name

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