

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107127

1. Entity Name  
IMAGES BY KATHY, INC.



FILED

03 DEC 26 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
4403 SE 16 PLACE STE 4  
CAPE CORAL FL 33904

Mailing Address  
4403 SE 16 PLACE STE 4  
CAPE CORAL FL 33904

2. Principal Place of Business

4403 SE 16th PL. STE 4

3. Mailing Address

Suite, Apt. #, etc.

Suite 4

City & State

CAPE CORAL

Zip

33904

Country

US

Zip

33904

Country

REINSTATEMENT  
CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0887624

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WADDELL, KATHLEEN A  
4403 SE 16 PLACE STE 4  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WADDELL, KATHLEEN A  
STREET ADDRESS 4029 SW 2 PLACE  
CITY-ST-ZIP CAPE CORAL FL 33914

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

800025776358  
12/26/03--01075--001 \*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen A. Waddell* 12/6/03 239-542-1788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)