

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107497

1. Entity Name

IMAGING SOLUTIONS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90126 009 \*\*\*150.00

Principal Place of Business

Mailing Address

2448 SAND LAKE RD  
ORLANDO FL 32809  
US

2448 SAND LAKE RD  
ORLANDO FL 32809-9121  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3549025

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HEARD, HARVEY L JR  
5112 CONROY RD  
#327  
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

7712 HIGH PINE RD.

City

Orlando

FL

Zip Code

32819

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 PS  
NAME HEARD, HARVEY L JR  
STREET ADDRESS 5112 CONROY RD #327  
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 7712 HIGH PINE RD  
CITY-ST-ZIP ORLANDO, FL. 32819 ☒ Change ☐ Addition

TITLE VT  
NAME GREEN, MICHAEL  
STREET ADDRESS 5112 CONROY RD #327  
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5001 VINELAND RD.  
CITY-ST-ZIP ORLANDO, FL. 32811 ☒ Change ☐ Addition

TITLE TR  
NAME HEARD, WANDA  
STREET ADDRESS 5719 TIMBERHURST  
CITY-ST-ZIP SAN ANTONIO TX 78250 ☒ Delete

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

TITLE TR  
NAME COX, DONNA  
STREET ADDRESS 3519 BUNYAN  
CITY-ST-ZIP SAN ANTONIO TX 78247 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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 #

CR2E034 (9/99)