

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

06-25-2001 90252 047 \*\*\*150.00

**DOCUMENT #** 99000001981  
**1. Entity Name** Professional Office Supply, Inc  
dba Discount Imaging UK

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**  
7252 Brandywine Dr P.O. Box 610068  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Englewood, FL **City & State** Birmingham, AL  
**Zip** 34224 **Zip** 35261 **Country** USA **Country** USA

**4. FEI Number** 65-0886400 **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**  
**Name** David Dunham  
**Street Address (P.O. Box Number is Not Acceptable)** 7252 Brandywine Drive  
**City** Englewood **FL** **Zip Code** 35261

**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** David Dunham **DATE** 06/20/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(l), 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:** David Dunham **DATE** 06/20/01 **Daytime Phone #** (205) 444-9645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)



Sarasota • Venice • Englewood • Port Charlotte

Attachment  
DH 1992000 1981  
A0074554

Phone: 941-629-5888

Toll Free: 877-629-5888

Fax: 941-629-5871

June 20, 2001

Enclosed is the Uniform Business Report. Please excuse my tardiness. As a new business, I was not aware the report was due until my CPA notified me of the report. I did not receive a renewal notice in the mail. I note there is a penalty of \$400.00. I ask that you waive this penalty since we did not receive a notice. I have new systems in place and am better organized this year. When the report is due next year, it will be on time.

Once again, I am sorry for the delay in getting the report turned in.

Sincerely,

David Dunham, President  
Discount Imaging