

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# **P99000010331**

1. Entity Name

VIVID IMAGE USA, INC.

FILED

02 NOV -4 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1730 E DUVAL ST

3. Mailing Address

1730 E DUVAL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3635553

Applied For

Not Applicable

Zip

32202

Country

DUVAL

Zip

32202

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH D. TAPPER

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

1730 E DUVAL ST

City

JACKSONVILLE

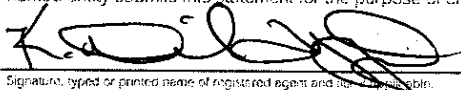
FL

Zip Code

32202

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 address of principal place of business.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	D/P
NAME	KENNETH D. TAPPER
STREET ADDRESS	4823 WINDRUSH LN
CITY - ST - ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

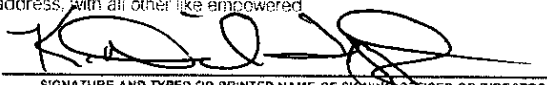
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11/04/02--01041--004 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

10/31/02

Date

904-620-0303

Daytime Phone #

CR2E034B (12/01)

VIVID IMAGES USA, INC.
1730 EAST DUVAL STREET
JACKSONVILLE, FL 32202
(904) 620-0303

October 31, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32302

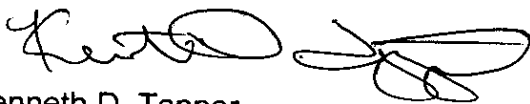
Re: Document # P99000010331

Dear Sir or Madam,

We moved to a new location and never received a preprinted Uniform Business Report for the year 2002. Our new accountant just made us aware our reporting responsibility and provided us with the attached report. I am enclosing the filing fee of \$150.00 and request that the late filing fee be waived since we didn't receive notification.

Thank you for your consideration and please contact me if you have questions.

Sincerely,



Kenneth D. Tapper
President

STATE OF FLORIDA, Department of Banking and Finance, Division of Corporations, Tallahassee, Florida 32302

Enclosed for the Division of Corporations are two copies of the Uniform Business Report for the year 2002, as required by Chapter 607, Florida Statutes, and the filing fee of \$150.00. The report was prepared by the Division of Corporations and is being provided to you for your records. The report is being provided to you for your records and is not to be used for any other purpose. The report is being provided to you for your records and is not to be used for any other purpose. The report is being provided to you for your records and is not to be used for any other purpose.