2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 26, 2002 8:00 am P99000013973 DOCUMENT # **Secretary of State** 1. Entity Name 02-26-2002 90090 033 ***150 00 INSHORE IMAGING, INC. Mailing Address Principal Place of Business 2224 TIPPERARY COURT 2224 TIPPERARY COURT ORLANDO FL 32812 ORLANDO FL 32812 3. Mailing Address 14959 Hawksmoor Run Godp DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3558627 Not Applicable Or lando. Orlando Country US \$8.75 Additional ^z3789<u>8</u> 5. Certificate of Status Desired .Fee Required _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOUTH, J. TODD ESQ. Street Address (P.O. Box Number is Not Acceptable) 2699 LEE ROAD SUITE 120 Zip Code WINTER PARK FL 32789 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. TITLE TITLE Delete Snider, Kevin W 14959 Hawksmoor fun Circle Orlando, FL 32828 SNIDER, KEVIN W NAME STREET ADDRESS 2224 TIPPERARY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED