

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90255 049 \*\*\*150.00

**DOCUMENT # P99000030424**

1. Entity Name

**IMAGE MAKER PROS, INC.**

Principal Place of Business

1471 EAST LAKE WOODLANDS PARKWAY  
OLDSMAR FL 34677

Mailing Address

1471 EAST LAKE WOODLANDS PARKWAY  
OLDSMAR FL 34677

BU035052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28870 US Hwy 19N, Ste 102

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

City &amp; State

City &amp; State

CLEARWATER, FL

Zip

Country

Zip

Country

33761

4. FEI Number 59-3568785

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

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, 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 PD  
NAME DAUGHERTY, GARY S  
STREET ADDRESS 1471 EAST LAKE WOODLANDS PARKWAY  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ DeleteTITLE STD  
NAME DAUGHERTY, PEGGY A  
STREET ADDRESS 1471 EAST LAKE WOODLANDS PARKWAY  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:

Peggy A. Daugherty - PEGGY A. DAUGHERTY

4-17-01

727-797-2472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0425034