

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90171 034 ***150.00

DOCUMENT # P99000036278

1. Entity Name
ADVANCED IMAGE INDUSTRIES, INC.

Principal Place of Business
1 PROGRESS PLAZA 200 CTRL AVE. #2300
ST PETERSBURG FL 33701

Mailing Address
1 PROGRESS PLAZA 200 CTRL AVE. #2300
ST PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 14th Avenue North
 Suite, Apt. #, etc.

3. Mailing Address
1000 14th Avenue North
 Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33705

Country
Pinellas

Zip
33705

Country
Pinellas

4. FEI Number **65-0919125**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GILES, JOEL B
~~**ONE PROGRESS PLAZA 200 CENTRAL AVE. #2300**~~
~~**ST PETERSBURG FL 33701**~~

7. Name and Address of New Registered Agent

Name
Jay D. Allen

Street Address (P.O. Box Number is Not Acceptable)
~~**1000 14th Avenue North**~~

City
St. Petersburg

FL Zip Code
33705

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 *Jay D Allen* **JAY D ALLEN** **4/2/02**

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, 2002 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	D ALLEN, JAY D 1000 FOURTEENTH AVENUE NORTH ST PETERSBURG FL 33705	<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
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

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
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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)(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 (9/01)