

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036305

1. Entity Name

BAY AREA IMAGING, INC.

Principal Place of Business

3105 WEST AZEELE STREET
TAMPA FL 33609

Mailing Address

3105 WEST AZEELE STREET
TAMPA FL 33609-3089

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, VICKI L
1715 WEST CLEVELAND STREET
TAMPA FL 33606

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, 2000 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 D
NAME SULL, CHARLES
STREET ADDRESS 3105 WEST AZEELE STREET
CITY-ST-ZIP TAMPA FL 33609

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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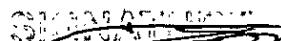
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:



CHARLES I. SULL

President

Date

1/24/00

813 244 3276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)