

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90316 001 ****88.75
07-01-2002 90316 002 ****61.25

DOCUMENT # **P99000036305**

1. Entity Name

Bay Area Imaging Services, Inc.

DO NOT WRITE IN THIS SPACE

95675

2. Principal Place of Business

4150 N. Armenia Ave.

3. Mailing Address

P.O. Box 18412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

33607

USA

Zip

33679

Country

USA

4. FEI Number

59-3273622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Vickie Reeves, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
**1715 W. Cleveland St.
Tampa, FL 33606**

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) ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	President, VP, Sec. Treas. Charles I. Sull 6020 S. 2nd Street Tampa, FL 33611-4708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 #

CR2E034B (12/01)

Attachment
95675
P99000036305

To whom it may concern:

The purpose of this amended form is to delete the old officers and replace new officer for President, Vice President, Secretary & Treasurer in the name of Charles I. Sull.



CHARLES SULL
BAY IMAGING
4150 N ARMENIA AVE, STE 102
TAMPA, FL 33607

Request taken by: yfisher
06-03-2002

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314