

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057585

1. Entity Name
INNOVATIVE IMAGING, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90025 003 ***550.00

0107687 AT

Principal Place of Business
77 GUNNINGHAM DRIVE
NEW SMYRNA BEACH FL 32108
US

Mailing Address
PO BOX 9476
DAYTONA BEACH FL 32120
US

APPROVED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1901 MASON AVE.

3. Mailing Address

Suite, Apt. #, etc.
suite 104

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State

4. FEI Number 59-3582423

Applied For
Not Applicable

Zip 32117

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

ANDREW B. BLASI, P.A.
7900 GLADES ROAD, SUITE 130
BOCA RATON FL 33434

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 FENNELL, EDMOND J
STREET ADDRESS 275 INDIGO DRIVE #102
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☒ Delete

TITLE D
NAME CARTER, DAVID F
STREET ADDRESS 755 HAWKS RIDGE ROAD
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE D
NAME HANS, BRIAN F
STREET ADDRESS 1550 POPLAR DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE President
NAME CARTER, DAVID F
STREET ADDRESS 755 HAWKS RIDGE ROAD
CITY-ST-ZIP PORT ORANGE 32127 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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: *David F. Carter* 9/27/01 9043224337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)