

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0098982  
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DOCUMENT # **P99000069528**

1. Entity Name  
**FITTING IMAGE, INC.**



FILED

03 AUG 18 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**200 SECOND AVENUE SOUTH  
#410  
ST. PETERSBURG FL 33701**

Mailing Address  
**200 SECOND AVENUE SOUTH  
#410  
ST. PETERSBURG FL 33701**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3602497**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLANCHARD, LEE S  
~~657 CENTRAL AVENUE~~ 200 second Ave S #410  
ST. PETERSBURG FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHARD, LEE S <del>657 CENTRAL AVENUE</del> 200 second Ave S #410 ST. PETERSBURG FL 33701	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900022485099 08/21/03--01099--009 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 8-12-03 727-512-437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment #

099000069528

Lee S. Blanchard  
200 Second Avenue South  
#410  
St. Petersburg, Florida 33701

August 12, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 59-3602497

To Whom It May Concern:

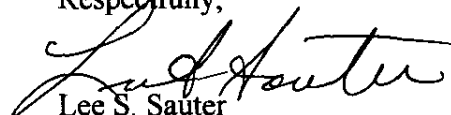
I recently received the Uniform Business Form to file and see that it had gone to the wrong address. I have made the correction on the form.

The old location of the business was closed last September, and I thought all the addresses had been changed. Unfortunately I was in and out of the hospital for several months and had to have surgery last September at St. Anthony's Hospital. I was in the hospital for about two weeks and then homebound for about three more. A few things obviously slipped through the cracks and I am now trying to finish paying off some medical bills.

In light of the above I am asking you to please waive the late fee. I can provide information regarding my health if you need it.

I am enclosing a check in the amount of \$150.00 and appreciate any help you can give me.

Respectfully,

  
Lee S. Sauter