

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90268 017 ***150.00

DOCUMENT # **P99000070519**



1. Entity Name
IMAGE BUILDING SYSTEMS, INC.

Principal Place of Business
**9101 ELLIS ROAD
MELBOURNE FL 32904**

Mailing Address
**PO BOX 560268
ROCKLEDGE FL 32956-0268**



2. Principal Place of Business
**2285 MARSH HARBOR
AUE**

3. Mailing Address
2285 MARSH HARBOR AVE

City & State
MORRIS ISLAND FL

City & State
MERRITT ISLAND

4. FEI Number **59-3589807**

Applied For
Not Applicable

Zip **32952**

Country **FLORIDA**

Zip **32952**

Country **FLORIDA**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUCK, JAMES M
113 BARNACLE PLACE
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name **Buck, James M.**
Street Address (P.O. Box Number is Not Acceptable)
2285 MARSH HARBOR AUE
City **MERRITT ISLAND FL** Zip Code **32952**

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 *James M. Buck* **James M. Buck** **1-27-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCK, DONNA P	
STREET ADDRESS	118 BARNACLE PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, PAOL E	
STREET ADDRESS	1103 MAIN ST	
CITY-ST-ZIP	TITUSVILLE FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCK, JAMES M	
STREET ADDRESS	118 BARNACLE PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES M. BUCK	
STREET ADDRESS	2285 MARSH HARBOR AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW D. BUCK	
STREET ADDRESS	2285 MARSH HARBOR AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TED DONALDSON	
STREET ADDRESS	120 ELDERON BLVD SE	
CITY-ST-ZIP	PAUM BAY FL 32909	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMMY R SANDERS	
STREET ADDRESS	120 ELDERON BLVD SE	
CITY-ST-ZIP	PAUM BAY FL. 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James M. Buck* **James M. Buck** **4-20-03** **321** **288-7443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)