

# 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  
SUITE, APT. #, etc.  
AUE**

3. Mailing Address

**2285 MARSH HARBOR AVE  
SUITE, APT. #, etc.**

City & State

**MERRITT ISLAND FL**

City & State

**MERRITT ISLAND**

Zip

**32952**

Country

**FLORIDA**

Zip

**32952**

Country

**FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3589807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 AVE**  
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT/SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES M. BUCK</b>	
STREET ADDRESS	<b>2285 MARSH HARBOR AVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATTHEW D. BUCK</b>	
STREET ADDRESS	<b>2285 MARSH HARBOR AVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TED DONALDSON</b>	
STREET ADDRESS	<b>110 ELDON BLVD SE</b>	
CITY-ST-ZIP	<b>PAUM BAY FL 32909</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JIMMY R SANDERS</b>	
STREET ADDRESS	<b>120 ELDON BLVD SE</b>	
CITY-ST-ZIP	<b>PAUM BAY FL 32909</b>	
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**

Date

Daytime Phone #

**321**

**4-20-03 288-7443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)