

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90129 029 \*\*\*150.00

**DOCUMENT # P99000091595**

1. Entity Name  
**THE TOTAL IMAGE, INC.**

Principal Place of Business  
**446B RACETRACK ROAD**  
**FORT WALTON BEACH FL 32547**

Mailing Address  
**446B RACETRACK ROAD**  
**FORT WALTON BEACH FL 32547**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, KELLIE KLINE**  
**446B RACETRACK ROAD**  
**FORT WALTON BEACH FL 32547**

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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **GRAY, KELLIE KLINE**  
 STREET ADDRESS **446B RACETRACK ROAD**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
Document # PP9000091595

TO/POUR Florida Dept. of State

FROM/DE

Kellie Kline Gray President

SUBJECT/MATIERE NOTICE OF FILING FEE

DATE

7/15/02

122122

Dear Florida Department of State,

I did not receive prior notice of the corporation fee. I am very sorry about the lateness of this filing fee. I have enclosed a check of the original one hundred and fifty dollar filing fee. Thank you very much.

Kellie Kline Gray

President

Total Image Inc.

