2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000091595

1. Entity Name

THE TOTAL IMAGE, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90142 007 ***150.00

			OO WE TO		
Principal Place of Business 446B RACETRACK ROAD FORT WALTON BEACH FL 32547		Mailing Address 446B RACETRACK ROAD FORT WALTON BEACH FL 32547			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip –	Country	Zip	Country		3.75 Additional Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Age	ent
GRAY, KELLIE KLINE 446B RACETRACK ROAD			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)	
FORT WALTON BEACH FL 32547					
			City	FL	Zip Code
8. The above the obligat	tions of registered agent.		S registered office or register	ered agent, or both, in the State of Fiorida. I am fami	iliar with, and accept
c .	THE MONTH FEE TO MAKE OF				
	ILE NOW!!! FEE IS \$150.00		<u> </u>	9. Election Campaign Financing	¢5.00
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			Trust Fund Contribution.	\$5.00 May Be Added to Fees
10!	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, KELLIE KLINE 446B RACETRACK ROAD FORT WALTON BEACH FL 3254	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
12. I hereby condicated of the corrections of the c	ertify that the information supplied with on this report or supplemental report is poration or the receiver or/trustee emp or on an attachment with an address.	n this filing does not qualify for strue and accurate and that in owered to execute this report with all other like empowered	r the exemption stated in Semy signature shall have the as required by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am at 7, Florida Statutes; and that my name appears in Blo	hat the information n officer or director ick 10 or Block 11 if

SIGNATURE:

8208033833