

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90669 018 ***150.00

DOCUMENT # P99000096809

1. Entity Name
CAVE IMAGES, INC.

Principal Place of Business
19586 BLACK OLIVE LANE
BOCA RATON FL 33498

Mailing Address
19586 BLACK OLIVE LANE
BOCA RATON FL 33498



2. Principal Place of Business

3. Mailing Address

3500 NW Boca Raton Blvd **3500 NW Boca Raton Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 622

Suite 622

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33431

33431

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0962825**

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

CAVE, MATTHEW
19586 BLACK OLIVE LANE
BOCA RATON FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

3500 NW Boca Raton Blvd

Suite 622

City

Boca Raton

FL

Zip Code

33431

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.

SIGNATURE

[Signature]

president MATT CAVE

4/23/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **CAVE, MATTHEW**
 STREET ADDRESS **19586 BLACK OLIVE LANE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **David Edmundson**
 STREET ADDRESS **6467 Bridgewood Terrace**
 CITY-ST-ZIP **Boca Raton, FL 33433** **(S)**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 all other like empowered.

SIGNATURE:

[Signature] **MATT CAVE**
president

4/23/02

561-417-0780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)