

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100224

1. Entity Name

DYNAMIC IMAGING ASSOCIATES, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90098 044 \*\*\*150.00

0070658

Principal Place of Business

Mailing Address

5401 SOUTH KIRKMAN ROAD, SUITE 502  
ORLANDO FL 32819

5401 SOUTH KIRKMAN ROAD, SUITE 502  
ORLANDO FL 32819

2. Principal Place of Business

818 E. Colonial Dr.

Suite, Apt. #, etc.

3. Mailing Address

818 E. Colonial Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number 59-3608367

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, TERRI L  
5401 SOUTH KIRKMAN ROAD, SUITE 502  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name Lee D. Effenson

Street Address (P.O. Box Number is Not Acceptable)  
818 E. Colonial Dr.

City Orlando

FL

Zip Code 32803

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

*Lee D. Effenson*

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/01

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, 2001 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

TITLE PD  
NAME EFFENSON, LEE D  
STREET ADDRESS 5401 SOUTH KIRKMAN ROAD, SUITE 502  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE VD  
NAME EFFENSON, KATHLEEN  
STREET ADDRESS 5401 SOUTH KIRKMAN ROAD, SUITE 502  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Effenson, Lee D.  
STREET ADDRESS 818 E. Colonial Dr.  
CITY-ST-ZIP Orlando FL 32803 ☒ Change ☐ Addition

TITLE UP  
NAME Effenson, Kathleen  
STREET ADDRESS 818 E. Colonial Dr.  
CITY-ST-ZIP Orlando FL 32803 ☒ Change ☐ Addition

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

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

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

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

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:

*Lee D. Effenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

407-650-8883

Daytime Phone #

CR2E034 (10/00)