

# **BUSINESS REPORT (UBR)**

**DOCUMENT # S26336**

1. Entity Name

**UNITED IMAGE TECHNOLOGIES, INC.**

Principal Place of Business

**2301 LUCIEN WAY #360  
MAITLAND FL 32751**

Mailing Address

**2301 LUCIEN WAY #360  
MAITLAND FL 32751-7025**

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

**59-3070270**

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

**FISCHER, KENNETH M.  
2301 LUCIEN WAY  
SUITE 360  
MAITLAND FL 32751**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

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, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FISCHER, KENNETH M.</b> <b>857 PRESERVE TERRACE</b> <b>HEATHROW FL 32746</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FISCHER, BRENDA</b> <b>857 PRESERVE TERRACE</b> <b>HEATHROW FL 32746</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH M. FISCHER 4/3/01 (407) 875-2120**

Date

Daytime Phone

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90147 001 \*\*\*308.75



DO NOT WRITE IN THIS SPACE