

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90168 015 \*\*\*158.75

DOCUMENT # 826336 ✓

1. Entity Name

UNITED IMAGE TECHNOLOGIES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

701 INTERNATIONAL PKWY

3. Mailing Address

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HEATHROW FL

City & State

4. FEI Number

59-3070270

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

FISCHER, KENNETH M.

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

701 INTERNATIONAL PKWY

SUITE 150

City

HEATHROW

FL

Zip Code

32746

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
FISCHER, KENNETH M.  
701 INTERNATIONAL PKWY STE 150  
HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
FISCHER, BRENDA  
701 INTERNATIONAL PKWY STE 150  
HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
KEITH M. FISCHER  
701 INTERNATIONAL PKWY STE 150  
HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034B (12/01)