

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90058 049 \*\*\*150.00

**DOCUMENT # S39225**  
 1. Entity Name  
**PROFESSIONAL RECORDS IMAGING MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**921 SKIPPER AVE P.O. BOX 3205**  
**FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32549**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address  
**P.O. Box 58**  
 Suite, Apt. #, etc.  
 City & State  
**Shalimar, FL**  
 Zip Country  
**32519 USA**

4. FEI Number **59-3066563** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARLONI, DEBORAH**  
**1396 WINDWARD LANE**  
**NICEVILLE FL 32578**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCOTT, CARRY</b> <b>151 REGIONS WAY BLDG 5 SUITE D</b> <b>DESTIN FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARLONI, JOE</b> <b>1396 WINDWARD LANE</b> <b>NICEVILLE FL 33578</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CARLONI, DEBORAH</b> <b>1396 WINDWARD AVE</b> <b>NICEVILLE FL 32578</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Deborah Carloni* **4/15/02** **850-864-1303**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)