

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90076 007 ***150.00

NSA1770 AVI

DOCUMENT # S41843

1. Entity Name
EXPRESSED IMAGE, INC.

Principal Place of Business
1469 N MAGNOLIA AVE. STE H
OCALA FL 34475
US

Mailing Address
1469 N MAGNOLIA AVE. STE H
OCALA FL 34475
US

2. Principal Place of Business

3. Mailing Address
899 NE 95th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA FL

4. FEI Number
59-3058232

Applied For
 Not Applicable

Zip

Country

Zip
34479

Country
USA

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

WAGNER CHERYL A
1469 N. MAGNOLIA AVE STE H
OCALA FL 34475

Name **CHERYL A WAGNER**
 Street Address (P.O. Box Number is Not Acceptable)
899 NE 95th ST
 City **OCALA** **FL** Zip Code **34479**

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:  **CHERYL A WAGNER, TREAS^{SEC}** **4/26/02**

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.

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 Delete
 NAME **P WAGNER, MARK E.**
 STREET ADDRESS **1469 N. MAGNOLIA AVE STE H**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE Change Addition
 NAME
 STREET ADDRESS **899 NE 95th ST**
 CITY-ST-ZIP **OCALA, FL 34479**

TITLE Delete
 NAME **ST WAGNER, CHERYL, A**
 STREET ADDRESS **1469 N. MAGNOLIA AVE STE H**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE Change Addition
 NAME
 STREET ADDRESS **899 NE 95th ST**
 CITY-ST-ZIP **OCALA, FL 34479**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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:  **CHERYL A WAGNER** **352 351 1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)