

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90198 031 ***150.00

DOCUMENT # V60921

1. Entity Name

IMAGE 2000 OF JENSEN BEACH, INC.

Principal Place of Business

Mailing Address

**899 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957**

**899 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0355474

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VERDI, THOMAS A.

~~**2438 TROPICAL E CIRCLE**~~

PORT ST. LUCIE FL 34952

1050 S.E. ALBATROSS AVE

PORT ST. LUCIE FL 34983

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 reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
VERDI, THOMAS A.
~~2438 TROPICAL E CIRCLE~~
PORT ST. LUCIE FL**

☒ Delete

NEW ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
VERDI, THOMAS A.
1050 S.E. ALBATROSS AVE
PORT ST. LUCIE FL. 34983**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SAVOCCHIA, CHRISTINA J.
~~4281 ST GENEVA DR~~
STUART FL 34997**

☒ Delete

NEW ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SAVOCCHIA, CHRISTINA J.
2791 BERNARD AVE
PORT ST LUCIE FL. 34952**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)