2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
03-28-2001 90216 049 ***150.00

0052986

DOCUMENT # K04520

1. Entity Name
SHUTTER BUG'S PORTRAITS, INC.

Principal Place of Business	Mailing Address
128 RIVER OAK CIR. SANFORD FL 32771 US	128 RIVER OAK CIR. SANFORD FL 32771 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
275 E-Central Parkway	P/O Box 163155
Suite, Apt. #, etc. Apt 1828	Suite, Apt. #, etc.
City & State Altamonte Sp. FL	City & State Altamonte Sp. FL
Zip 32701 / Country U.S	Zip 32716 / Country U.S.

4. FEI Number 59-2877320 ☐ 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
PARISI, BARBARA 780 FLORIDA CENTRAL PARKWAY SUITE 312 LONGWOOD FL 32750	Name BARBARA PARISI Street Address (P.O. Box Number is Not Acceptable) 275-E CENTRAL PKWAY #1828 City ALTAMONTE SPRINGS FL Zip Code 32701

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 Barbara Parisi President DATE 3/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D PARISI, BARBARA 128 RIVER OAKS CIRCLE SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISI, THOMAS 128 RIVER OAKS CIRCLE SANFORD FL 32771	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Barbara Parisi 3/26/01 407-260-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #