

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90008 032 ***150.00

DOCUMENT # L57645


1. Entity Name
DANSE-PHOTO, INC.

Principal Place of Business Mailing Address
~~111 SOUTH 21ST ST~~ ~~111 SOUTH 21ST ST~~
 FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136-3992
2716 South Ocean Shore Blvd. (Hwy A1A)
FLAGLER BEACH, FLORIDA 32136-4016

2. Principal Place of Business 3. Mailing Address
2716 South Ocean Shore Blvd. **2716 South Ocean Shore Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
FLAGLER BEACH **FLAGLER BEACH**
 City & State City & State
FL **FL**

Zip Country Zip Country
32136-4016 **USA** **32136-4016** **USA**

00010334



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3006484 Not Applicable

6. Name and Address of Current Registered Agent
HODGES, BARBARA J.
2716 SOUTH OCEAN SHORE BLVD.
FLAGLER BEACH FL 32136

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____
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, 2000 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 | D HODGES, BARBARA J. 811 SAN CARLOS AVE. ST. PETERSBURG FL | TITLE | D Hodges, BARBARA J. 2716 S. OCEAN SHORE BLD. FLAGLER BEACH, FL 32136 |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D NICOLE E HODGES 8351-9TH WAY N ST. PETERSBURG FL 33702 | TITLE | D HODGES, NICOLE 2716 S. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136-4016 |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Barbara J. Hodges 4/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #