## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # L87046 1. Entity Name PHOTOGRAPHIX & IMAGING, INC. 04-14-2000 90018 022 \*\*\*150.00 Mailing Address Principal Place of Business 12451 METRO PARKWAY 12451 METRO PARKWAY FT MYERS FL 33912-8317 FT MYERS FL 33912 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0209161 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANDFORD, ANNE M 13009 TALL PINE CIRCLE FT. MYERS FL 33907 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE Change Delete TITLE SANDFORD, JOHN L SR. NAME NAME STREET ADDRESS STREET ADDRESS 18070 SAN CARLOS BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33931 Change Addition ☐ Delete TITLE TITLE SANDFORD, ANNE M NAME NAME 1801 Brantley Rd. - #2013 Fort Myers FL 33907 13009 TALL PINE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33907 ☐ Addition ☐ Delete TITLE TITLE SANDFORD, JOHN L JR. NAME NAME STREET ADDRESS STREET ADDRESS 4812 BLUE FISH COURT CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition C Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete 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 others ke empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00 941-

941-768-2301 Daytime Phone \*