

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07791

1. Entity Name

THE SOCIETY OF PHOTOGRAPHIC ART, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90046 029 ****70.00

Principal Place of Business

Mailing Address

5201 NE 18TH AVE
STE 3
FT LAUDERDALE FL 33334-5728
US

5201 NE 18TH AVE
STE 3
FT LAUDERDALE FL 33334-5728
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0127713

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

CALDWELL, WADE
5201 NE 18TH AVE
APT 3
FT LAUDERDALE FL 33334

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC
NAME CALDWELL, WADE
STREET ADDRESS 390 SW 55 TERR.
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE D
NAME Lori Caldwell
STREET ADDRESS 193 Overlook Road
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE DF
NAME KING, KEVIN
STREET ADDRESS 3613 N.W. 9TH AVE.
CITY-ST-ZIP SUNRISE FL ☒ Delete

TITLE D
NAME Sergio Verduci
STREET ADDRESS 7460 San Clemente Place
CITY-ST-ZIP Boca Raton, FL 33433 ☐ Change ☒ Addition

TITLE DS
NAME MORTON, GAYLE
STREET ADDRESS 558 LAKESIDE CIR.
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE D
NAME Michael Caldwell
STREET ADDRESS 9264 N.W. 17 Street
CITY-ST-ZIP Coral Springs, FL 33071 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wade Caldwell 4/30/00 954-202-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)