

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N07791**

1. Entity Name

THE SOCIETY OF PHOTOGRAPHIC ART, INC.

Principal Place of Business

5201 NE 18TH AVE  
STE 3  
FT LAUDERDALE  
333345728

FL

US

Mailing Address

5201 NE 18TH AVE  
STE 3  
FT LAUDERDALE  
333345228

FL

US

2. Principal Place of Business

390 S.W. 55 TERRACE

3. Mailing Address

390 S.W. 55 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

FT LAUDERDALE

FL

City &amp; State

FT LAUDERDALE

FL

4. FEI Number

65-0127713

Applied For

Not Applicable

Zip

333173538

Country

US

Zip

333173538

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

33334

US

FL

Name

CALDWELL WADE

Street Address (P.O. Box Number is Not Acceptable)

390 S.W. 55 TERRACE

City

PLANTATION

FL

Zip Code

33317

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 **WADE CALDWELL**

04/28/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	CALDWELL MICHAEL	9264 NW 17TH STREET	FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	VERDUCI SERGIO	7460 SAN CLEMENTE PLACE	FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DS	MORTON, GAYLE	558 LAKESIDE CIR. .	FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	CALDWELL LORI	193 OVERLOOK ROAD	FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DC	CALDWELL, WADE	390 SW 55 TERR.	FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

DC

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)