

2000 UNIFORM BUSINESS REPORT (UBR)

6)

FILED
Aug 04, 2000 8:00 am
Secretary of State

06-05-2000 90019 044 ****61.25

DOCUMENT # N94000000547

1. Entity Name
PROFESSIONAL PHOTOGRAPHERS OF SOUTHWEST FLORIDA, R

Principal Place of Business
**POST OFFICE BOX 1710
 FT. MYERS FL 33902
 2 AVENIDA CARITA
 Fort Myers Beach FL 33931**

Mailing Address
**2 Avenida Carita
 POST OFFICE BOX 1710
 FT. MYERS FL 33902-1710
 Ft. Myers Beach FL 33931**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0457199** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**JODICE, JEFF
 4020 SW 2ND PLACE
 CAPE CORAL FL 33914**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P TIMMONS, SARA 15118 ROYAL FERN CT B201 NAPLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nacara, Cheryl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 419 Santa Barbara Blvd Cape Coral FL 33991 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NACARA, CHARILYN 419 SANTA BARBONS BLVD CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Foreman, Paul <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1630 Sunkist Way FT. MYERS FL 33905 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, SAMUEL 3817 KELLY ST FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Hester <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Avenida Carita FT. MYERS BEACH FL 33931 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGELDON, CHERYL 12065 METRO PKWY FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, PAUL 1630 SUNKIST WAY FT MYERS FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAM JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3817 KELLY ST FT. MYERS FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, HENRY 3790 FT KEYS LABELLE FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF JODICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4020 SW 2ND PL CAPE CORAL FL 33914

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 empowerments.

SIGNATURE: CHARLES HESTER 941765 8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)