

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90462 004 ****61.25

DOCUMENT # N94000000547

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

2 AVENIDA CARITA
 FT. MYERS BEACH FL 33931

2 AVENIDA CARITA
 FT. MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ESTERO, FL

4. FEI Number

65-0457199

Applied For

Not Applicable

Zip

Country

Zip
33928-0009

Country

Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JODICE, JEFF
4020 SW 2ND PLACE
CAPE CORAL FL 33914

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|------------------|-------------------|---------------------------|-------------------------------------|
| PD | NOCERA, CHERILYN | 401 SW 39TH PL | CAPE CORAL FL 33991 | <input checked="" type="checkbox"/> |
| VPD | DODIE, JODICE | 4020 SW 2ND PL | CAPE CORAL FL 33914 | <input type="checkbox"/> |
| TD | HESTER, CHARLES | 2 AVENIDA CARITA | FORT MYERS BEACH FL 33931 | <input type="checkbox"/> |
| SD | BUCHANAN, JAY | 14131 BARKWOOD ST | FORT MYERS FL 33905 | <input type="checkbox"/> |
| 2VP | FOREMAN, PAUL | 1630 SUNKIST WAY | FT MYERS FL 33905 | <input type="checkbox"/> |
| AD | ENGLEDOW, CHERYL | 12065 METRO PKWY | FORT MYERS FL 33912 | <input checked="" type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-----------------|---------------------|----------------------------|-------------------------------------|-------------------------------------|
| VPD | Jodice, Dodie | 4020 SW 2ND PL | CAPE CORAL, FL 33914 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2VPD | Hester, Charles | 2 AVENIDA CARITA | FORT MYERS BEACH, FL 33931 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | SAME | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD | FOREMAN, PAUL | 1630 SUNKIST WAY | FT MYERS, FL 33905 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TD | DeMEO, Joseph J | 22638 Westbridge CT | ESTERO, FL 33928-0009 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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: **Joseph J. DeMEO**
 Treas/Director

Date: **6/14/02** Daytime Phone #: **941-495-9251**

CR2E037 (9/01)