## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Apr 21, 2003 8:00 am Secretary of State P02000078215 04-04-2003 90071 011 \*\*\*150.00 **DOCUMENT #** 1. Entity Name PAW PRINTS WILDLIFE PHOTOGRAPHY, INC. Principal Place of Business Mailing Address 300 SW TODD AVE 300 SW TOOD AVE PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 33 ~10 19 889 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABBOTT, LEE J Street Address (P.O. Box Number is Not Acceptable) 300 SW TODD AVE PORT ST LUCIE FL 34983 City Zip Code 8. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, President CR2E034 (10/02) TITLE ☐ Delete MILE ☐ Change ☐ Addition Lee J. Abbott NAME NAME 300 SW TOOD AVE STREET ADDRESS STREET ADDRESS 34983-3661 ST Lucie, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition\_ TITLE TITLE Delete NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition MILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature reoval

FILED