

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90059 021 ***150.00

DOCUMENT # P97000066369
1. Entity Name

TREASURED MOMENTS PHOTOS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11444 61st St. N.
Suite, Apt. #, etc.

3. Mailing Address
11444 61st St. N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pinellas Park, Fl, 33782 Pin. Park, Fl.

Zip Country
33782 USA

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33782 USA

4. FEI Number Applied For
5859-3466405 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Travis K. Hartmann

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

11444 61st St. N.

City Pinellas Park FL Zip Code 33782

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME
STREET ADDRESS Hartmann, Travis K.
CITY-ST-ZIP 11444 61 St. N. Pin. Park, Fl

TITLE T
NAME
STREET ADDRESS Hartmann, Yvonne P.
CITY-ST-ZIP 11444 61 St. N. Pin. Park, Fl.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Travis K. Hartmann TRAVIS K. HARTMANN 4-22-02 727-545-9866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #