

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90156 021 ***150.00

DOCUMENT # P98000041873

1. Entity Name

SEBRIE IMAGES RESORT PHOTOGRAPHY, INC.

Principal Place of Business

Mailing Address

15031 PUNTA RASSA ROAD, #103
 FORT MYERS FL 33908

15031 PUNTA RASSA ROAD, #103
 FORT MYERS FL 33924-0295

2. Principal Place of Business

End of Captiva Rd.

3. Mailing Address

P.O. Box 295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Captiva, FL

City & State

Captiva, FL

4. FEI Number

65-0849603

Applied For

Not Applied For

Zip

Country

33924

U.S.A.

Zip

Country

33924

U.S.A.

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

LUMSDEN, DENNIS J
6719 WINKLER ROAD
SUITE 121
FORT MYERS FL 33919

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **KOWALCZYK, KRISTA**
 CITY-ST-ZIP **15031 PUNTA RASSA ROAD, #103**
FORT MYERS FL 33908

TITLE Change Delete
 NAME *Owner*
 STREET ADDRESS *Krista Kowalczyk*
 CITY-ST-ZIP *End of Captiva Rd.*
Captiva, FL 33924

TITLE Delete
 NAME **D**
 STREET ADDRESS **ANGELORO, JENNIFER**
 CITY-ST-ZIP **15031 PUNTA RASSA ROAD, #103**
FORT MYERS FL 33908

TITLE Change Delete
 NAME *Owner*
 STREET ADDRESS *Jennifer Angeloro*
 CITY-ST-ZIP *End of Captiva Rd.*
Captiva, FL 33924

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
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 CITY-ST-ZIP

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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennifer Angeloro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00 *941-472-5111 (x3373)*