

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57645

1. Entity Name

DANSE-PHOTO-INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90008 032 \*\*\*150.00

Principal Place of Business

Mailing Address

~~111 SOUTH 21ST ST~~  
FLAGLER BEACH FL 32136

~~111 SOUTH 21ST ST~~  
FLAGLER BEACH FL 32136-3992

2716 SOUTH OCEAN SHORE BLVD. (HWY A1A)  
FLAGLER BEACH, FLORIDA 32136-4016

2. Principal Place of Business

2716 SOUTH OCEAN SHORE BLVD.

3. Mailing Address

2716 SOUTH OCEAN SHORE BLVD.

Suite, Apt. #, etc.

FLAGLER BEACH

Suite, Apt. #, etc.

FLAGLER BEACH

City & State

FL

City & State

FL

4. FEI Number

59-3006484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip

32136-4016

Country

USA

Zip

32136-4016

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, BARBARA J.  
2716 SOUTH OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136

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 HODGES, BARBARA J.  
CITY-ST-ZIP 811 SAN CARLOS AVE.  
ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS HODGES, BARBARA J.  
CITY-ST-ZIP 2716 S. OCEAN SHORE BLVD.  
FLAGLER BEACH, FL 32136

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NICOLE E HODGES  
CITY-ST-ZIP 8351-9TH WAY N  
ST. PETERSBURG FL 33702

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS HODGES, NICOLE  
CITY-ST-ZIP 2716 S. OCEAN SHORE BLVD.  
FLAGLER BEACH, FL 32136-4016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #