

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90011 012 ***550.00

0116611 AT

DOCUMENT # 398769

1. Entity Name
PHOTOGRAPHIC ASSOCIATES, INC.

Principal Place of Business

**55 ROYAL PALM BLVD
 VERO BEACH FL 32960**

Mailing Address

**P.O. BOX 96
 VERO BEACH FL 32961-0096**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1400866

Applied For

Not Applicable

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

**EISINGER, JOHN D
 55 ROYAL PALM BLVD
 VERO BEACH FL 32960**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	PD	<input type="checkbox"/> Delete
NAME	EISINGER, JOHN D	
STREET ADDRESS	55 ROYAL PALM BLVD	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EISINGER, JACQUELINE C	
STREET ADDRESS	55 ROYAL PALM BLVD	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

John D Eisinger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres

8-15-01

561-562-5411

Date

Daytime Phone #

CR2E034 (5/01)