

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90173 021 ****70.00

DOCUMENT # 743060

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS SOCIETY OF NORTH FLOR

Principal Place of Business

1633 SAN MARCO BLVD
 STE 6
 JACKSONVILLE FL 32207
 US

Mailing Address

5000-18 HWY 17
 PMB 163
 ORANGE PARK FL 32073
 US

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

59-3014334

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

REMSEN, KENNETH M
 5000-18 HWY 17
 #163
 ORANGE PARK FL 32073

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS FRASER, MICHAEL L
 CITY-ST-ZIP 1633 SAN MARCO BLVD #6
 JACKSONVILLE FL 32211

TITLE ☒ Change ☐ Addition
 NAME VD
 STREET ADDRESS MICHAEL BALLINGER
 CITY-ST-ZIP 1633 SAN MARCO BLVD. #6
 JACKSONVILLE, FL 32207

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS REMSON, KEN
 CITY-ST-ZIP 5000-18 HWY 17 STE 163
 JACKSONVILLE FL 32244

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

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS MICHAL, SUSAN
 CITY-ST-ZIP 10418 DOCKSIDER DR WEST
 JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition
 NAME VD
 STREET ADDRESS GLORIA DALY
 CITY-ST-ZIP 3640 NEWCOMB RD.
 JACKSONVILLE, FL 32218

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS CAMPIZ, RAMFIS
 CITY-ST-ZIP 7761 OLD KINGS RD
 JACKSONVILLE FL 32217

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS STITT, TOM
 CITY-ST-ZIP 5204 ROBERT SCOTT DR SOUTH
 JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
 NAME SD
 STREET ADDRESS SHERRI EBERT
 CITY-ST-ZIP 805 LAPOMA WAY
 JACKSONVILLE, FL 32259

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, 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 of Michael Remsen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/01

904-398-9934

Date

Daytime Phone #

CR2E037 (10/00)