2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743060

1. Entity Name



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90136 039 ****61.25

PROFESSIONAL PHOTOGRAPHI IDA, INC.			
Principal Place of Business	Mailing Address		
RAMFIS PHOTOGRAPHIC 2880 MANDARIN MEADOWS DR N JACKSONVILLE FL 32223 US	RAMFIS PHOTOGRAPHIC 2880 MANDARIN MEADOWS DR N JACKSONVILLE FL 32223 US		
2. Principal Place of Business	3. Mailing Address		

ACKSUNVILLI IS	E FL 32223	JACKSONVILLE FL 32223 US 3. Mailing Address							
2. Principal F	Place of Business								
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKIN	G CHANGES			
City & Sta	State City & State			4. FEI Number 50	4. FEI Number 59-3014334 Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		1	
6. Name and Address of Current Registered Agent			7. Name and Add	7. Name and Address of New Registered Agent					
BALLINGER, MICHAEL 1633 SAN MARCO BLVD #6 JACKSONVILLE FL 32207			Name Gloria Daly Street Address (P.O. Box Number is Not Acceptable) 8164 Amberwood CT City Jacksonville FL Zip Code 32-244						
the obligat	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25	Gloria Daly	Pesion Registered Agent signal paign Financing	er registered agent, or both, in	the State of Florida. I am //21/C DATE Make Chec	a familiar with,	and accept	-	
	OFFICERS AND DU	DECTORS.		ADDITIONS (SILVA)					
O. ITLE	OFFICERS AND DIF	RECTORS Delete	11.	PD	ES TO OFFICERS AND D			<u>ا</u> ۾	
AME	BALLINGER, MICHAEL	L ▼ I Delete	TITLE NAME	Gloria Daly		▼ Change	☐ Addition	} {	
TREET ADDRESS	1633 SAN MARCO BLVD #6		STREET ADDRESS	8164 Amberw	oop Ct			15	
ITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	JACKSONVIlle	FL 32244			8	
ITLE	VPD	☑ Delete	TITLE	VPD	- · · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	اةً	
AME	MICHAL, SUSAN		NAME		<u>.</u>			١	
TREET ADDRESS	10418 DOCKSIDE DR W	and the second section of the section of the second section of the section of the second section of the se	STREET ADDRESS	BRENDA ESTE	Rulledge St	يت درسونيسر ، سانت		ľ	
ITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	ORANGE PARK	FL 32072	,			
TLE	BMD	▼ Delete	TITLE	VPD		Change	☐ Addition		
AME	DALY, GLORIA		NAME	KRISTIN JIRAN		,			
TREET ADDRESS	PO BOX 26507		STREET ADDRESS	9977 BAYVIEW	AVE				
ITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	JACKJONVIlle	FL 32208			ĺ	
TLE	SVPD	Delete	TITLE	50		Change	☐ Addition		
AME	JIVAN, KRISTIN		NAME	Sherr! Ebert				ĺ	
TREET ADDRESS	9977 BAYVIEW AVE		STREET ADDRESS	805 LAPOMA WA	V				
ITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP	JACKSONVIlle	FL 32259				
TLE	MGRM	☑ Delete	TITLE	TD		Change	☐ Addition	Ì	
AME	ESTES, BRENDA		NAME	RAMFIS CAMPIZ	2	_ •	_	ĺ	
TREET ADDRESS	552 EDWARD RUTLEDGE ST		STREET ADDRESS	2880 MANDARIN	MCADOWS Dr.	N		l	
ITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP	JACKSONVIlle FI	1 32223			1	
TLE	MGRM	□ Delete	TITLE	D		Change	☐ Addition	i	
AME	BROACH, DEBORAH	,	NAME			-		l	
REET ADDRESS	12620 ALADDIN RD		STREET ADDRESS					ļ	
TY-ST-ZIP	JACKSONVILLE FL 32223		CITY-ST-ZIP					i	

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:

(904) 237-0183