2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90049 042 ****61.25

DOCUMENT # 743061

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS' SOCIETY OF CENTRAL F LORIDA, INC.

Principal Place of Business	Mailing Address
2823 BLIND OWL DR ORLANDO FL 32822 US	2823 BLIND OWL DR ORLANDO FL 32822 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~2823 Blind Owl Dr~~	1465 Ash Circle
Suite, Apt. #, etc. ~~Orlando, FL 32822~~	Suite, Apt. #, etc. Apt 101
City & State Same as Mailing Address	City & State Casselberry, FL
Zip / Country	Zip / Country 32707 / USA.

4. FEI Number 59-1850441 ☐ 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
WILKINSON, KIM 2823 BLIND OWL DR ORLANDO FL 32822	Name: Kelli MacDonald Street Address (P.O. Box Number is Not Acceptable): 1465 Ash Circle Apt 101 City: Casselberry, FL Zip Code: ~~32707~~

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: Kelli K. MacDonald 4/16/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISH, RICHARD 2464 MARKINGHAM RD MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUIS, CHARLES 330 S CENTRAL AVE OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Wells, Charles 330 S. Central Ave Oviedo, FL. 32765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSS, BRANT 826 MALONE CT ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Grant Ross 229 Loraine Dr Apt 101 Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD AIELLO, JAMIE 544 N THOMPSON RD APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd V.P Judy Fish 2464 Markingham Rd Maitland, FL. 32751	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'BRIEN, KATHLEEN 3968 LANCASHIRE LN LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kathleen O'Brien 205 S. Bristol Circle Sanford, Fl 32773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED WILKINSON, KIM 2823 BLIND OWL DR ORLANDO FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kelli MacDonald 1465 Ash circle. Apt 101 Casselberry, FL 32707	☐ Change ☒ Addition

CR2E037 (9/01)

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: Richard Fish President 04/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #