

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90133 047 ****61.25

DOCUMENT # 743062

1. Entity Name

NORTHWEST SECTION FLORIDA PROFESSIONAL PHOTOGRAP

Principal Place of Business

Mailing Address

218 NORTH SPRING STREET
 PENSACOLA FL 32501

218 NORTH SPRING STREET
 PENSACOLA FL 32501-4826

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2946171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALINOWSKI, RAY
218 N. SPRING STREET
PENSACOLA FL 32501

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 **P** Delete
 NAME **WISE, CHARLIE**
 STREET ADDRESS **3309 NORTH STREET**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **P** Change Addition
 NAME **David Weber**
 STREET ADDRESS **4311 Molino Meadows**
 CITY-ST-ZIP **MOLINO FL. 32577**

TITLE **VP** Delete
 NAME **SUGGS, DAVID**
 STREET ADDRESS **351 JENNY CIR**
 CITY-ST-ZIP **PENSACOLA FL 32571**

TITLE **VP** Change Addition
 NAME **Janeen Holly**
 STREET ADDRESS **625 Manchester Rd.**
 CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE **S** Delete
 NAME **WEBER, DAVID**
 STREET ADDRESS **4311 MOLINO MEADOWS**
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE **S** Change Addition
 NAME **D.J. Tomchay**
 STREET ADDRESS **1191-A Eglin Parkway #187**
 CITY-ST-ZIP **Shalimar FL. 32579**

TITLE **Bowne** Delete
 NAME **BOWNE, TED** *spelling correct*
 STREET ADDRESS **9735 HOLLOWBROOK**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WHITE, PAUL**
 STREET ADDRESS **120 ELM STREET**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** Change Addition
 NAME **Brenda Jordan**
 STREET ADDRESS **P.O. Box 44**
 CITY-ST-ZIP **Niceville, FL. 32578**

TITLE **D** Delete
 NAME **MCCOY, KAREN**
 STREET ADDRESS **372 OKALOOSA RD NE**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** Change Addition
 NAME **Mike Bernard, Jr**
 STREET ADDRESS **63 Second Ave.**
 CITY-ST-ZIP **Shalimar, FL 32579**

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: *Theodore H. Bowne* **Theodore H. Bowne** 4/29/00 850-479-8230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #