

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F52198**

1. Entity Name

60 MINUTES PHOTO DEVELOPING CENTER EAST, INC.**FILED**
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90015 019 ***150.00

Principal Place of Business

**2621 N FEDERAL HWY
BOCA RATON FL 33431**

Mailing Address

**2621 N FEDERAL HWY
BOCA RATON FL 33431-7717**

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 **59-2141412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HUTCHINGS, JAMES R
2621 N FEDERAL HWY
BOCA RATON, FL
33431****7. Name and Address of New Registered Agent**

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUTCHINGS, JAMES R	
STREET ADDRESS	509 BAY DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HUTCHINGS, JAMES R JR	
STREET ADDRESS	19 CEDAR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUTCHINGS, HELEN S	
STREET ADDRESS	509 BAY DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HUTCHINGS, HAROLD S	
STREET ADDRESS	8250 NEEDLES DR.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold S Hutchings 1/14/00 (561) 845-6328