

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007390 AV

DOCUMENT # **F58233**

1. Entity Name
PHOTO FINISH, INC.



FILED

03 JUL 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**813 HIGHWAY 98 EAST
DESTIN FL 32541-2701**

Mailing Address
**813 HIGHWAY 98 EAST
DESTIN FL 32541-2701**

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 **59-2185004**

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENRICH, EDWIN
246 COUNTRY CLUB RD.
SHALIMAR FL 32579**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edwin Jenrich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JENRICH, EDWIN
246 COUNTRY CLUB ROAD
SHALIMAR FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200021763922
07/24/03--01030--011 **158.75**

☐ Change ☐ Addition

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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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 8/03

Date

850-651-5562

Daytime Phone #

CR2E034 (4/03)

*Please waive late fee.
Check for \$158.75 submitted
MARCH/03 NEVER CLEARED.*

*THANK YOU
[Signature]
REG AGENT
F58233*