

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007100

1. Entity Name
FOTOTAG, INC.

Principal Place of Business

1830 PENN ST
MELBOURNE FL 32904

Mailing Address

1830 PENN ST
MELBOURNE FL 32901-2617

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 59-3464867

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

DAWLEY, STUART P
1830 PENN ST
MELBOURNE FL 32904

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee FL Zip Code 32301-2525

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 Deborah D. Skipper as its agent DATE 3/27/00
(NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDGE, GAVIN C		NAME	Bernard R. Smedley	
STREET ADDRESS	1830 PENN ST		STREET ADDRESS	1830 Penn Street	
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Asst Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINRESS, JEFFERY B		NAME		
STREET ADDRESS	1830 PENN ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWLEY, STUART P		NAME		
STREET ADDRESS	1830 PENN ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIORDAN, DON F JR		NAME		
STREET ADDRESS	1830 PENN ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, SALLY H		NAME		
STREET ADDRESS	1830 PENN ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Patricia A. Frank	
STREET ADDRESS			STREET ADDRESS	1830 Penn Street	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32904	

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: Patricia A. Frank REQUIRED 3/13/00 321-952-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90011 003 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)