

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G19898**

Entity Name
VERONICA CASS PHOTO RETOUCHING, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90071 042 ***150.00

Principal Place of Business
706 NEW JERSEY AVE.
HUDSON FL 34667

Mailing Address
7506 NEW JERSEY AVE.
HUDSON FL 34667
US



Principal Place of Business
706 NEW JERSEY AVE.
HUDSON FL 34667

3. Mailing Address
7506 NEW JERSEY AVE.
HUDSON FL 34667
US

DO NOT WRITE IN THIS SPACE

City & State
FL

4. FEI Number
59-2268034

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

6. Name and Address of Current Registered Agent
WEISS, VERONICA C
12937 PEBBLE BEACH CIR
HUDSON FL 34667

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____

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, 2002 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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
1. TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	7506 NEW JERSEY AVE.		STREET ADDRESS		
3. CITY-ST-ZIP	HUDSON FL		CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME			NAME		
6. STREET ADDRESS			STREET ADDRESS		
7. CITY-ST-ZIP			CITY-ST-ZIP		
8. TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME			NAME		
10. STREET ADDRESS			STREET ADDRESS		
11. CITY-ST-ZIP			CITY-ST-ZIP		
12. TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME			NAME		
14. STREET ADDRESS			STREET ADDRESS		
15. CITY-ST-ZIP			CITY-ST-ZIP		
16. TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME			NAME		
18. STREET ADDRESS			STREET ADDRESS		
19. CITY-ST-ZIP			CITY-ST-ZIP		

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: **VERONICA CASS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-4-02** Daytime Phone # **727 863 3738**

CR2E034 (9/01)