

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90324 021 ***150.00

DOCUMENT # G32685

1. Entity Name

60 MINUTES PHOTO DEVELOPING, INC.

Principal Place of Business

% JAMES R. HUTCHINGS, SR.
 421 NORTHLAKE BLVD.
 N. PALM BEACH FL 33408

Mailing Address

% JAMES R. HUTCHINGS, SR.
 421 NORTHLAKE BLVD.
 N. PALM BEACH FL 33408

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

59-2338896

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

HUTCHINGS, JAMES R., SR.
 509 BAY DR
 VERO BEACH FL 32960

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CD HUTCHINGS, J.R., SR. (CHRMN) 421 NORTHLAKE BLVD. A&B NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUTCHINGS, HELEN S. 421 NORTHLAKE BLVD. A&B NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHINGS, HAROLD S. 421 NORTHLAKE BLVD. A&B NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHINGS, J.R., JR. 421 NORTHLAKE BLVD. A&B NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/17/02

CR2E034 (4/02)

Attachment
Doc. # G32685-
122460
**60 MINUTES PHOTO
DEVELOPING, INC.**

421 NORTHLAKE BOULEVARD
NORTH PALM BEACH, FLORIDA 33408
(561) 845-6328 FAX (561) 845-6331

Wednesday, July 17, 2002

~~To Whom It May Concern:~~

Please find enclosed a check for \$150.00 for the UBR fee for Document #G32685.

Per my conversation with Tieranny in the Division of Corporations Department, we had not received our notice at the beginning of the year and therefore your department had not received timely payment. I was told that we would only need to pay the regular amount because of this. I have made an effort to make note for myself as a reminder to call your office if I have not received my renewal notice by February of each year so as not to delay prompt payment to you in the future.

Thank you for your time. If you have any questions concerning this matter please contact me at (561) 845-6328 Monday thru Friday 8am to 4pm.

Sincerely,

Stacy E Moore

Stacy E. Moore
Office Manager/Bookkeeper