

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54252

1. Entity Name  
CITY PHOTO, INC.



Principal Place of Business  
6250 N. ANDREWS AVE  
FT. LAUDERDALE FL 33309  
US

Mailing Address  
6250 N. ANDREWS AVE  
FT. LAUDERDALE FL 33309  
US

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90077 009 \*\*\*150.00

80010612



2. Principal Place of Business

3505 S. Ocean Dr.

3. Mailing Address

3505 S. Ocean Dr.

Suite, Apt. #, etc.

CU4

Suite, Apt. #, etc.

CU4

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. FEI Number

59-2526111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINTNER, RICK  
6250 N ANDREWS AVE  
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Rick Quintner

Street Address (P.O. Box Number is Not Acceptable)

3505 S. Ocean Dr.

CU4

City

Hollywood

FL

Zip Code

33019

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTSD  
QUINTNER, RICK  
9531 SHADOW WOOD LANE  
CORAL SPRINGS FL 33071

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/02)