

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15334

1. Entity Name

P.W.M. PHOTOGRAPHY, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90031 014 \*\*\*150.00

Principal Place of Business

600 SANDTREE DRIVE #202A  
PALM BEACH GARDENS FL 33403  
US

Mailing Address

5 DURNESSE COURT  
PALM BEACH GARDENS FL 33418-7035

2. Principal Place of Business

3. Mailing Address

106 Sandbourne Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gdns FL

Zip

Country

33418

Country

4. FEI Number ~~60-3411675~~  
65-0044580

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, BRUCE G.  
515 N. FLAGLER DR  
1900 NORTHBRIDGE TOWER I  
W. PALM BEACH FL 33402

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.

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORPURGO, PETER W. 5 DURNESSE COURT PALM BCH GRDNS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORPURGO, PETER W. 106 SANDBOURNE LANE PALM BEACH GDNS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORPURGO, CHARLOTTE A. 5 DURNESSE COURT PALM BCH GRDNS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORPURGO, CHARLOTTE A. 106 SANDBOURNE LANE PALM BEACH GDNS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

Peter W. Morpurgo

Date

Daytime Phone #

CR2E034 (9/99)