

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90675 031 ***150.00

DOCUMENT # K15334

1. Entity Name
P.W.M. PHOTOGRAPHY, INC.

Principal Place of Business Mailing Address
600 SANDTREE DRIVE #202A 106 SANDBOURNE LANE
PALM BEACH GARDENS FL 33403 PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business 3. Mailing Address
9000 BURMA ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
110

City & State City & State 4. FEI Number **65-0044580** Applied For
PALM BEACH GDN FL Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
33403 US

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ALEXANDER, BRUCE G. Name
515 N. FLAGLER DR Street Address (P.O. Box Number is Not Acceptable)
1900 NORTHBRIDGE TOWER I
W. PALM BEACH FL 33402 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. ☒ **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**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORPURGO, PETER W.		NAME		
STREET ADDRESS	106 SANDBOURNE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORPURGO, CHARLOTTE A.		NAME		
STREET ADDRESS	106 SANDBOURNE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 REQUIRED** 04/22/02 (561) 694-1369
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #