

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # K96656

1. Entity Name  
E.G. CUSTOM PHOTOGRAPHICS, INC.



03 FEB -5 AM 9:27  
600011880066  
02/05/03 01044 005 \*\*150.00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
219 SOUTH HOWARD AVENUE  
TAMPA FL 33606

Mailing Address  
219 SOUTH HOWARD AVENUE  
TAMPA FL 33606



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 59-2945885

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

GATT, EDWARD  
18041 AVENUE CAPRI  
LUTZ FL 33549

Name

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

18750 WIMBLEDON CIRCLE

City

FL

Zip Code

33558

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 *Eileen Gatt* EILEEN GATT Vice President 1/3/03  
Signature, typed or printed name of registered agent and fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GATT, EDWARD  
STREET ADDRESS 18041 AVENUE CAPRI  
CITY-ST-ZIP LUTZ FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 18750 WIMBLEDON CIRCLE  
CITY-ST-ZIP LUTZ, FL 33558

TITLE PD ☐ Delete  
NAME GATT, EILEEN  
STREET ADDRESS 18041 AVENUE CAPRI  
CITY-ST-ZIP LUTZ FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 18750 WIMBLEDON CIRCLE  
CITY-ST-ZIP LUTZ, FL 33558

TITLE ST. ☐ Delete  
NAME GATT, EILEEN  
STREET ADDRESS 18041 AVENUE CAPRI  
CITY-ST-ZIP LUTZ FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 18750 WIMBLEDON CIRCLE  
CITY-ST-ZIP LUTZ, FL 33558

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Eileen Gatt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 813 254-0539  
Date Daytime Phone #

CR2E034 (10/02)

7/2/103