

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90246 009 ***150.00

0271502 AV

DOCUMENT # L79395

1. Entity Name
SUMNER PHOTOGRAPHY, INC.



Principal Place of Business
C/O WILLIAM SUMNER
7765 SW 144 STREET
MIAMI FL 33158

Mailing Address
C/O WILLIAM SUMNER
7765 SW 144 STREET
MIAMI FL 33158

2. Principal Place of Business

3. Mailing Address

7885 NW 55th ST
Suite, Apt. #, etc.

7885 NW 55th ST
Suite, Apt. #, etc.

City & State
MIAMI

City & State
FI

4. FEI Number
65-0196386

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNER, JR W

~~**7765 SW 144 STREET**~~
~~**MIAMI FL 33158**~~

change Address to above

Name
William H Sumner Jr.

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

7885 NW 55th ST.

City
MIAMI

FL

Zip Code
33166

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]
Signature, typed or printed name of registered agent and title if applicable.

William H Sumner Jr.
(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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 NAME STREET ADDRESS CITY-ST-ZIP	PVD SUMNER, JR W 7765 SW 144 STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7885 NW 55th ST MIAMI FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* **William H Sumner Jr.** **4-21-03** **305-994-3241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)