

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90272 012 ***150.00

DOCUMENT # **L87583**

1. Entity Name
PHOTOGRAPHIC SERVICES INC.



Principal Place of Business
**6691D MONTEGO BAY BLVD
BOCA RATON FL 33433**

Mailing Address
**6691D MONTEGO BAY BLVD
BOCA RATON FL 33433**

2. Principal Place of Business
22741 EL DORADO DR
Suite, Apt. #, etc.

3. Mailing Address
22741 EL DORADO DR
Suite, Apt. #, etc.

City & State
BOCA RATON

City & State
BOCA RATON

4. FEI Number **65-0204812**

Applied For
 Not Applicable

Zip **33433** Country **USA**

Zip **33433** Country **USA**

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

6. Name and Address of Current Registered Agent

**CHASHIN, A. BRUCE
6691D MONTEGO BAY BLVD
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
22741 EL DORADO DRIVE
City **BOCA RATON** FL Zip Code **33433**

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 *A. Bruce Chashin* *A. BRUCE CHASHIN*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	CHASHIN, A. BRUCE	6691D MONTEGO BAY BLVD	BOCA RATON FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		22741 EL DORADO DR	BOCA RATON FL 33433		

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: *A. Bruce Chashin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

561-338-5956
Daytime Phone #

CR2E034 (10/02)