

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90341 031 ***150.00

DOCUMENT # M98900

1. Entity Name
MOTO-PHOTO OF SANIBEL, INC.



Principal Place of Business
C/O CHARLES J. PERREAULT
1700 PERIWINKLE WAY
SANIBEL FL 33957-4302

Mailing Address
C/O CHARLES J. PERREAULT
1700 PERIWINKLE WAY
SANIBEL FL 33957-4302

2. Principal Place of Business

1719 Periwinkle way

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1719 Periwinkle way

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0069557**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PERREAULT, CHARLES J.

1700 PERIWINKLE WAY 1719

SANIBEL FL 33957

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERREAULT, CHARLES J.	
STREET ADDRESS	1771-6 RED CEDAR DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PERREAULT, ROSALIE	
STREET ADDRESS	1771-6 RED CEDAR DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOELSCH, CHARLES	
STREET ADDRESS	70 W. MEATH RING	
CITY-ST-ZIP	ST. CHARLES MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOELSCH, ANITA	
STREET ADDRESS	70 W MEATH RING	
CITY-ST-ZIP	ST. CHARLES MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, RONALD	
STREET ADDRESS	1342 BUNKER	
CITY-ST-ZIP	FLOSSMOOR IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, JUDITH	
STREET ADDRESS	1342 BUNKER	
CITY-ST-ZIP	FLOSSMOOR IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-03 239-472-4414

CR2E034 (10/02)