

7/16

FILED

Jul 30, 2002 8:00 am
Secretary of State

07-16-2002 90358 047 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22417

1. Entity Name

SUNCOAST PROFESSIONAL PHOTOGRAPHERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

8998-A SEMINOLE BLVD
SEMINOLE FL 34642-3850
US8998-A SEMINOLE BLVD
SEMINOLE FL 33772
US

39940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Seminole, FL

Seminole, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33772

USA

33772

USA

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

LAKE, DAVID

8998-A SEMINOLE BLVD.
SEMINOLE FL 33772

Name Bob Shields

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

9071 Ridge Rd.

City Seminole

FL

Zip Code 33772

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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TDV
NAME WARMOLIS, KIM
STREET ADDRESS 977 APPALOOSA RD
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☒ DeleteTITLE P
NAME Bob Shields
STREET ADDRESS 9071 Ridge Rd.
CITY-ST-ZIP Seminole FL 33772 ☒ Change ☐ AdditionTITLE V
NAME LAKE, DAVID
STREET ADDRESS 8998-A SEMINOLE BLVD.
CITY-ST-ZIP SEMINOLE FL 33772 ☒ DeleteTITLE ST
NAME Barbara Stormes
STREET ADDRESS 1722 Nebraska Ave.
CITY-ST-ZIP Palm Harbor, FL 34683 ☐ Change ☐ AdditionTITLE D
NAME BURGESS, LEE
STREET ADDRESS 15371 ROOSEVELT BLVD #104
CITY-ST-ZIP CLEARWATER FL 33760 ☐ DeleteTITLE V
NAME Lee Burgess
STREET ADDRESS 15371 Roosevelt Blvd. #104
CITY-ST-ZIP Clearwater, FL 33760 ☒ Change ☐ AdditionTITLE P
NAME STEINER, KEN
STREET ADDRESS 2572 FOREST RUN CT
CITY-ST-ZIP CLEARWATER FL 33761 ☒ DeleteTITLE D
NAME Don Mason
STREET ADDRESS 2817 Dartmouth Ave. N.
CITY-ST-ZIP St. Petersburg, FL 33713 ☐ Change ☒ AdditionTITLE ST
NAME SHIMPE, BOB
STREET ADDRESS 9071-R DAJU ROAD
CITY-ST-ZIP SEMINOLE FL 33772 ☒ DeleteTITLE ID
NAME Carol Walker
STREET ADDRESS 6929 13th Ave. N.
CITY-ST-ZIP St. Petersburg, FL 33710 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (4/02)

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 617, 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: Barbara Stormes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #