

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0009225

DOCUMENT # N96000002033

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

04-11-2002 90040 001 ****70.00

Principal Place of Business

Mailing Address

315 NE 8TH ST
 GAINESVILLE FL 32601
 US

315 NE 8TH ST
 GAINESVILLE FL 32601
 US

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

59-3249355

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

SHLIPING, RALPH E
 315 NE 8TH ST
 GAINESVILLE FL 32601

Name **RALPH E. SHLIPING**

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

315 N.E. 8TH STREET

City **GAINESVILLE**

FL

Zip Code **32601**

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.

SIGNATURE

Ralph E. Shliping

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

(NOTE: Registered Agent signature required when reinstating)

4-4-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **WATERS, RON**
 STREET ADDRESS **515 S MARION ST**
 CITY-ST-ZIP **LAKE CITY FL 32025**

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

TITLE **D** ☐ Delete
 NAME **OXNER, AMY**
 STREET ADDRESS **4807 NW 6TH ST SUITE 1**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **V** ☒ Delete
 NAME **WATERS, VIRGINIA**
 STREET ADDRESS **515 S MARION ST**
 CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **V** ☐ Change ☒ Addition
 NAME **TAMMY GRIFFIN**
 STREET ADDRESS **11460 SE 53RD CT**
 CITY-ST-ZIP **BRILLVIEW, FL 36420**

TITLE **D** ☐ Delete
 NAME **KIEF, KIRK**
 STREET ADDRESS **1500 HUSSON AVE**
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **T** ☐ Delete
 NAME **SHUDING, RALPH E**
 STREET ADDRESS **315 NE 8TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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

TITLE **D** ☐ Delete
 NAME **RIVERA, PETER**
 STREET ADDRESS **917 E SILVER SPRINGS BLVD SUITE 2C**
 CITY-ST-ZIP **OCALA FL 34471**

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 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:

Ralph E. Shliping

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02

Date

352-377-5623

Daytime Phone #

CR2E037 (9/01)