FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90012 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-00000010492

1. Entity Name
Jeff Hawkins Photography, Inc

DO NOT WRITE IN THIS SPACE

44023352

2. Principal Place of Business	3. Mailing Address
~~1539~~ 327 Wilma St.	327 Wilma St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood FL	City & State: Longwood FL
Zip: 32750 Country: US	Zip: 32750 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3622981 ~~[illegible]~~ ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jeff Hawkins

Street Address (P.O. Box Number is Not Acceptable): 327 Wilma St.

City: Longwood FL Zip Code: 32750

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] 3/24/04

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Jeff Hawkins 327 Wilma St. Longwood FL 32750	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/24/04 407-834-8023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #