

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-01-2004 90012 049 ***150.00

DOCUMENT # **P-00000010492**

1. Entity Name
Jeff Hawkins Photography, Inc



DO NOT WRITE IN THIS SPACE

44023352

2. Principal Place of Business 327 Wilma St.		3. Mailing Address 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

59-3622181

4. FEI Number 59-3622181	Applied For ☐
	Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

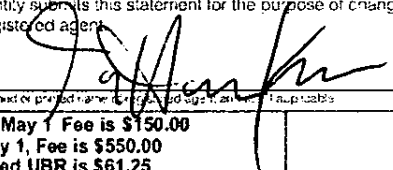
7. Name and Address of Current Registered Agent

Name **Jeff Hawkins**

Street Address (Post Box Numbers 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  DATE **3/24/04**

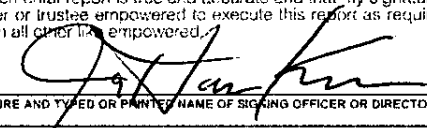
Signature typed or printed name of registered agent and date of signature required. NOTE: Registered Agent's signature required when renouncing.

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES JEFF HAWKINS 327 WILMA ST. LONGWOOD FL 32750	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 law empowered.

SIGNATURE:  DATE **3/24/04** DAYTIME PHONE **407-834-8023**

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

CR2E034B (12/02)