

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90120 035 ***150.00

DOCUMENT # P00000024882

1. Entity Name
PHOTOWALK.COM, INC.



Principal Place of Business
**11240 SW 88TH ST.
STE 202
KENDALL FL 33176**

Mailing Address
**P O BOX 540461
LAKE WORTH FL 33454**



2. Principal Place of Business

3. Mailing Address
659 SW Bittern Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm City FL

4. FEI Number
65-1012297

Applied For
Not Applicable

Zip

Country

Zip
34990

Country
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

**VERNE, CYNTHIA
6663 CHANDRA WAY
LAKE WORTH FL 33467**

Name **Cynthia Verne**
Street Address (P.O. Box Number is Not Acceptable)
659 SW Bittern Street
City **Palm City FL** Zip Code **34990**

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 **Cynthia Y. Verne** **Cynthia Y. Verne Sec/Treas.** **02-04-03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VERNE, SHAWN**
STREET ADDRESS **6663 CHANDRA WAY**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **STD** ☐ Delete
NAME **VERNE, CYNTHIA**
STREET ADDRESS **6663 CHANDRA WAY**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: **Cynthia Y. Verne** **Cynthia Y. Verne Sec/Treas.** **02-04-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **361-312-7777**

CR2E034 (10/02)