

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90072 025 ***150.00

0028486 AV

DOCUMENT # P00000078418

1. Entity Name
PHOTO SCAN, INC.

Principal Place of Business
5491 NW 15TH ST STE 2
MARGATE FL 33063

Mailing Address
5491 NW 15TH ST STE 2
MARGATE FL 33063

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

65-1035158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINSON, LAWRENCE
5491 NW 15TH ST STE 2
MARGATE FL 33063

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINSON, LAWRENCE	
STREET ADDRESS	5491 NW 15TH ST STE 2	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence Levinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE LEVINSON 8/14/01 954 968 1990
 Date Daytime Phone #

CR2E034 (5/01)

Attachment

Doc #

ADD82126
F00000078418

**PHOTO SCAN INC.
5491 N.W. 15TH ST.-SUITE 2
MARGATE FL 33063**

Phone-954-968-1990
FAX 954-968-1944

August 14, 2001

Division of Corporations
Uniform Business Report
PO Box 1500
Tallahassee FL 32302-2500

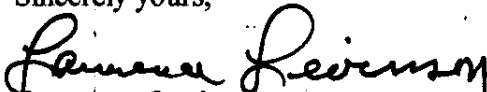
Enclosed is a check for \$150.00 for the UBR Form filing fee, and, as per instructions from Kristi, this explanation as to why it is being filed now.

I moved my small business down to Florida last August and set up an S Corporation (65-1035158). I was never informed about or sent any forms for the UBR to be completed and filed until I received this late notice. I think this is unfair and that I should have been notified prior to when this report and fee was originally due.

Therefore, I would appreciate having you accept the basic \$150.00 filing fee which would have been filed on time, if I had known about it.

Thanks for your consideration.

Sincerely yours,


Lawrence Levinson