

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087797

1. Entity Name

CHRISTOPHER BUNN PHOTOGRAPHY INC

Principal Place of Business

Mailing Address

112 POCONO TRAIL WEST
NOKOMIS, FL 34275

112 POCONO TRAIL WEST
NOKOMIS, FL 34275

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

65-1049322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

01 DEC -4 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004743045--4
-12/28/01--01074--017
****150.00 ****150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

T&H COMPTROLLERS INC
312 E VENICE AVE, # 120
VENICE, FL 34292

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME BUNN, CHRISTOPHER R
STREET ADDRESS 112 POCONO TRAIL WEST
CITY-ST-ZIP NOKOMIS, FL 34275

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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, I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/2001 941 484 762

Date

Daytime Phone #

CR2E034 (11/00)

CHRISTOPHER BUNN P H O T O G R A P H Y

Division of Corporations
Florida Department of State
Tallahassee
Florida

12/1/2001

Enclosed please find our Uniform Business Report Form.

No mail was received by us until the Notice of Administrative
Dissolution or Revocation was received.

This was our first year as a corporation and was suprised to have
received this notice which I forwarded to our accountant who gave me
the enclosed business report form.

I called your office and informed the clerk who answered the phone,
who then told me to send the enclosed form with an explanation.
Our business address is at a residence with another 112 Pocono Trail in
the area. Please note our address is 112 Pocono Trail West not 112
Pocono Trail.

Thanking you,

Sincerely, Christopher Bunn