

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90036 013 ***150.00

DOCUMENT # F00000091276

1. Entity Name

APPLIED PHOTOGRAPHIC CONCEPTS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26446 WHIRLWAY TERRACE

3. Mailing Address

26446 WHIRLWAY TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESLEY CHAPEL, FL

City & State

WESLEY CHAPEL, FL

4. FEI Number

65-1058678

Applied For

Not Applicable

Zip

33544

Country

USA

Zip

33544

Country

USA

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

BURKARDT, ANTHONY

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

26446 WHIRLWAY TERRACE

City

WESLEY CHAPEL

FL

Zip Code
33544

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

Anthony Burkardt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	D,P,S,T	TITLE	
NAME	BURKARDT, ANTHONY	NAME	
STREET ADDRESS	26446 WHIRLWAY TERRACE	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Burkardt* Anthony Burkardt, President 4/29/02 904 613 8478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #