

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

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

05-17-2002 90043 048 ***150.00

DOCUMENT # *P01000086246*

1. Entity Name *Ponte Vedra Impressions, Inc.* ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

169 Azalea Point Dr. S.

Suite, Apt. #, etc.

3. Mailing Address

169 Azalea Point Dr. S.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number

59-3740598

Applied For

Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kimberly A. Hogle

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

169 Azalea Point Drive South

City

Ponte Vedra Beach

FL

Zip Code

32082

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>President - P</i>	<i>Karen Knecht</i>	<i>169 Azalea Point Drive South</i>	<i>Ponte Vedra Beach FL 32082</i>
<i>S</i>	<i>Kimberly Hogle</i>	<i>169 Azalea Point Drive South</i>	<i>Ponte Vedra Beach, FL 32082</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)