

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-02-2003 90195 023 ***150.00

DOCUMENT # P02000006943

1. Entity Name
MY ONLINE WEDDING ALBUM PHOTOGRAPHY, INC.



Principal Place of Business
**1334 CARLSON DRIVE
ORLANDO FL 32804
14198**

Mailing Address
**1334 CARLSON DRIVE
ORLANDO FL 32804**

55056842

2. Principal Place of Business
14198 Chicora Crossing Blvd
Suite, Apt. #, etc.

3. Mailing Address
14198 Chicora Crossing Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL
Zip
32828
Country
USA

City & State
Orlando FL
Zip
32828
Country
USA

4. FEI Number
90 000 3120

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINETTE, GRACE
1334 CARLSON DRIVE
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Grace Robinette**
Street Address (P.O. Box Number is Not Acceptable)
14198 Chicora Crossing Blvd
City **Orlando** FL Zip Code **32828**

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 **Grace Robinette**

DATE **Sept 17, 2003**

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 President	<input type="checkbox"/> Delete
NAME Grace Robinette	
STREET ADDRESS 14198 Chicora Crossing Blvd	
CITY-ST-ZIP Orlando, FL 32828	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 28, 2003
Date

407-739-0527
Daytime Phone #

CR2E034 (4/03)