2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90056 023 ***150.00

DOCUMENT # P02000007895

1. Entity Name
PHOTOKARDS ID SYSTEMS, INC.

Principal Place of Business	Mailing Address
4114 HERSCHEL STREET SUITE 101 JACKSONVILLE FL 32210	4114 HERSCHEL STREET SUITE 101 JACKSONVILLE FL 32210

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4114 Herschel St	4114 Herschel St.
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32210 Country: USA	Zip: 32210 Country: USA

4. FEI Number: 30-0018477 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENBLOOM, NANCY H
4114 HERSCHEL STREET
SUITE 101
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Void — DATE: 2/4/03 Void
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSENBLOOM, NANCY H 4114 HERSCHEL STREET JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSENBLOOM, PERCY III 4114 HERSCHEL STREET JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] — 2/4/03 — 904 384-8580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #