

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91147 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P02000049066

1. Entity Name

WEDDING TIME PHOTOGRAPHY, INC.



Principal Place of Business
10062 GRIFFIN ROAD
COOPER CITY FL 33328

Mailing Address
10062 GRIFFIN ROAD
COOPER CITY FL 33328

55048228

2. Principal Place of Business

10058 GRIFFIN RD

3. Mailing Address

SAME

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

POD

Suite, Apt. #, etc.

City & State

COOPER CITY FL

City & State

4. FEI Number

13-420 9042

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZOROVICH, STEPHEN
10062 GRIFFIN ROAD
COOPER CITY FL 33328

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZOROVICH, STEPHEN
10062 GRIFFIN ROAD
COOPER CITY FL 33328

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZOROVICH, GERALDINE
10062 GRIFFIN ROAD
COOPER CITY FL 33328

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 904-434-0951

CR2E034 (10/02)