

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90073 016 ***150.00

DOCUMENT # P02000056794

1. Entity Name
BEAUTIFUL PHOTOS, INC.



Principal Place of Business
**354 FORTUNA AVENUE
ST. AUGUSTINE FL 32084**

Mailing Address
**POST OFFICE BOX 1114
ST. AUGUSTINE FL 32085-1114**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0700343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

1840-SW-22ND ST.

4TH FLOOR

MIAMI FL 33145

Name

LISA M. WANDS

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

354 FORTUNA AVE

City

ST. AUGUSTINE

FL

Zip Code

32084

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 **UWANDS**

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/03

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
OAKES, CHRISTOPHER
354 FORTUNA AVENUE
ST. AUGUSTINE FL 32084**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. BOX 1114
ST. AUGUSTINE, FL. 32085-1114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
WANDS, LISA M
354 FORTUNA AVENUE
ST. AUGUSTINE FL 32084**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. BOX 1114
ST. AUGUSTINE, FL. 32085-1114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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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:

SUWANDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/03 904/8261895

Date

Daytime Phone #

CR2E034 (10/02)