

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

0101012 AV

DOCUMENT # **P02000104922**

1. Entity Name  
**NEW AGE PHOTOGRAPHY, INC.**



Principal Place of Business  
**3016 SAINT CROIX DRIVE  
CLEARWATER FL 33759**

Mailing Address  
**3016 SAINT CROIX DRIVE  
CLEARWATER FL 33759**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2907 State Rd. 590**  
Suite, Apt. #, etc.  
**#5**

3. Mailing Address

**2907 State Rd. 590**  
Suite, Apt. #, etc.  
**#5**

City & State

**Clearwater Florida**

City & State

**Clearwater Fl.**

4. FEI Number

**41-2064161**

Applied For

Not Applicable

Zip

Country

**33759 U.S.A.**

Zip

Country

**33759 U.S.A.**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>STALTER, JOHN JR</b>	
STREET ADDRESS	<b>3016 SAINT CROIX DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>Stalter</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stalter, Karen</b>	
STREET ADDRESS	<b>3016 St. Croix dr.</b>	
CITY-ST-ZIP	<b>Clearwater FL 33759</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **John Stalter Jr.** 7/16/2003 (727) 967-2173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)