

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 049 ***150.00

0009193 AT

DOCUMENT # P02000135155

1. Entity Name
MALONE PHOTOGRAPHY, INC.



Principal Place of Business
**576 TOCCOA ROAD
WEST PALM BEACH FL 33413**

Mailing Address
**576 TOCCOA ROAD
WEST PALM BEACH FL 33413**

2. Principal Place of Business
205 1/2 SIXTH ST

3. Mailing Address
205 1/2 SIXTH ST

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH FL

Zip Country
33401 PALM BEACH

Zip Country
33401 PALM BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
393-212224-9

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**H.A. INCORPORATED
308 NW 101 TERRACE
CORAL SPRINGS FL 33071**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME **P MALONE, ROBERT**
STREET ADDRESS **576 TOCCOA ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete
NAME **S MALONE, ROBERT**
STREET ADDRESS **576 TOCCOA ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 **SB1**
650-1191

Date

Daytime Phone #

CR2E034 (10/02)