

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

ATX1

DOCUMENT # 1. Entity Name	PD3000058480
IRIS PHOTOGRAPHIC INC.	

FILED

04 APR -1 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 11TH ST. N. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ST PETERSBURG, FL		City & State	
Zip 33705	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2094703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JODY L VESSENMEYER	
Street Address (P.O. Box Number is Not Acceptable) 1000 11TH ST. N.	
City ST PETERSBURG	FL Zip Code 33705

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IN THIS SPACE**

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 JODY L VESSENMEYER **3/1/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JODY L VESSENMEYER 1000 11TH ST. N. ST PETERSBURG, FL. 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEPHEN C VESSENMEYER 1000 11 TH ST. N. ST PETERSBURG, FL. 33705
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE Jody L Vessenmeyer **3/1/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**