

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000009826**

1. Entity Name

SNAPPY PHOTO, INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90046 017 ***150.00

Principal Place of Business

Mailing Address

**60 EGLIN PKWY
FT WALTON BEACH FL 32548****60 EGLIN PKWY
FT WALTON BEACH FL 32548**

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 **59-3162248**

Applied For

Not Applicable

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

**MURPHY, DANIEL J
60 EGLIN PKWY
FT WALTON BEACH FL 32548**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 may be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MURPHY, DANIEL J**
STREET ADDRESS **121 JET DR NW**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**TITLE **STD** ☐ Delete
NAME **MURPHY, MARILYN I**
STREET ADDRESS **121 JET DR NW**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**TITLE **VP** ☐ Delete
NAME **MURPHY, BRIAN L**
STREET ADDRESS **820 SECOND DRIVE**
CITY-ST-ZIP **FT WALTON BEACH FL**TITLE **VP** ☐ Delete
NAME **MURPHY, DARREN E**
STREET ADDRESS **81 TORRESS**
CITY-ST-ZIP **NAVARRE FL**TITLE **AT** ☐ Delete
NAME **MURPHY BLAKE, LISA R**
STREET ADDRESS **1700 LEWIS TURNER BLVD, LOT 10**
CITY-ST-ZIP **FT WALTON BEACH FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Add
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CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn I. Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN I. MURPHY 5 FEB 00

Date

Daytime Phone #

850-243-1136