

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 044 ***150.00

DOCUMENT # P94000007624 ✓
1. Entity Name
SOUTH FLORIDA CAMERA EXCHANGE, INC.

Principal Place of Business **Mailing Address**
6110 W FALCON'S LEA DR **6110 W FALCON'S LEA DR**
DAVIE FL 33331 **DAVIE FL 33331**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent

SCARBROUGH, DENNIS D
6110 W FALCON'S LEA DR
DAVIE FL 33331

4. FEI Number **65-0462304** **Applied For**
Not Applicable

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

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.

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCARBROUGH, DENNIS 6110 W FALCON'S LEA DR DAVIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	ST SCARBROUGH, REGINA	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SOUTH FLORIDA CAMERA EXCHANGE, INC.
 PH. 954-434-4714
 6110 W. FALCONS LEA DR.
 DAVIE, FL 33331

2035

PAY TO THE ORDER OF *Department of State* **\$ 150.00**
One Hundred Fifty and 00/100 **DOLLARS**

DATE *4-8-02* **63-865575**
 2650

FOR *65-0462304* **REGINA SCARBROUGH**

002035 266086554 3200180930

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Regina Scarbrough* **4/6/02 (954) 434-4714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**