

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029030

1. Entity Name

SPORTS TWINS PHOTOGRAPHY, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90104 033 ***150.00

Principal Place of Business

Mailing Address

3014 - 56TH STREET SOUTH
GULFPORT FL 33707

3014 - 56TH STREET SOUTH
GULFPORT FL 33707-3724

2. Principal Place of Business

3. Mailing Address

1375 PASADENA AVE

1375 PASADENA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#636

#636

City & State

City & State

PASADENA, FL

SO. PASADENA, FL

Zip
33707

Country
U.S.A

Zip
33707

Country
U.S.A

4. FEI Number

59-3263099

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

CERONE, MICHAEL

~~3014 - 56TH STREET SOUTH~~
~~GULFPORT FL 33707~~

1375 PASADENA AVE
#636
SO. PASADENA, FL
33707

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CERONE, MICHAEL
STREET ADDRESS 3014 - 56TH STREET SOUTH
CITY-ST-ZIP GULFPORT FL 33707

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

TITLE D ☐ Delete
NAME IZOR, THOMAS R
STREET ADDRESS 166 - 21ST AVENUE, NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Cerone MICHAEL CERONE

2/1/2000

727 345-0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)