

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90297 037 ***150.00

0119395 AV

DOCUMENT # P94000045541

1. Entity Name
MARK TAULBEE PHOTOGRAPHY INC.



Principal Place of Business
**1420 GEMINI BLVD
SUITE 12
ORLANDO FL 32837
US**

Mailing Address
**1420 GEMINI BLVD
SUITE 12
ORLANDO FL 32837
US**



2. Principal Place of Business

3. Mailing Address

191 DRENNEN Rd.

191 DRENNEN Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 507

Suite 507

City & State

City & State

Orlando FL

Orlando FL

Zip **32806**

Country **USA**

Zip **32837**

Country **USA**

4. FEI Number **59-3272172**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAULBEE, MARK A
3715 ROTHBURY DRIVE
ORLANDO FL 32812**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TAULBEE, MARK A 3715 ROTHBURY DRIVE ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

407 857 0862

Date

Daytime Phone #

CR2E034 (10/02)