

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90313 002 ***150.00

DOCUMENT # P94000069845

1. Entity Name
DANIEL DESIGNER PHOTOGRAPHY, INC.

Principal Place of Business SO DALE MABRY STE 220 TAMPA FL 33609	Mailing Address 310 SO DALE MABRY STE 220 TAMPA FL 33609-2847 US
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2. Principal Place of Business 11825 Derbyshire Dr Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Tampa FL	City & State
Zip 33626	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0521252	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PEREZ, DANIEL J
310 SO DALE MABRY HIGHWAY STE 220
TAMPA FL 33609

7. Name and Address of New Registered Agent
 Name: **Daniel Perez**
 Street Address (P.O. Box Number is Not Acceptable): **11825 Derbyshire Dr**
 City: **TAMPA** FL Zip Code: **33626**

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: _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, DANIEL J 11825 DERBYSHIRE DRIVE TAMPA FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, MERIDA 11825 DERBYSHIRE DRIVE TAMPA FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Perez* Date: 4/30/00 Daytime Phone #: 813 921 0063

CRCE034 (9/99)