

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90720 002 \*\*\*150.00

**DOCUMENT # P95000010011**

1. Entity Name

**MIKE RAMOS COMMERCIAL PHOTOGRAPHY, INC.**

Principal Place of Business

**6741 102ND AVENUE NORTH**  
**UNIT 32**  
**PINELLAS PARK FL 33782**

Mailing Address

**6741 102ND AVENUE NORTH**  
**UNIT 32**  
**PINELLAS PARK FL 33782**

-36896



DO NOT WRITE IN THIS SPACE

59-3300083

4. FEI Number

10-8642049

Applied For

Not Applicable

5. Certificate of Status Desired

No

8/75

Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RAMOS, MIKE**  
**6741 102ND AVENUE NORTH**  
**UNIT 32**  
**PINELLAS PARK FL 33782**

**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.  
 (See criteria on back)

**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  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
 NAME **RAMOS, MIKE**  
 STREET ADDRESS **6741 102ND AVENUE NORTH, UNIT 32**  
 CITY-ST-ZIP **PINELLAS PARK FL 34666**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/02

Date

727-480-6484

Daytime Phone #

5/21/02

CR2E034 (9/01)