

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90036 023 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000085830 1. Entity Name NEW BEGINNINGS PHOTOGRAPHY, INC.			
Principal Place of Business 1901 S. HARBOR CITY BLVD. SUITE 600 MELBOURNE, FL. 32901		Mailing Address 3125 WEST NEW HAVEN AVE. SUITE 200 WEST MELBOURNE, FLORIDA 32904	
2. Principal Place of Business 3125 WEST NEW HAVEN AVE. SUITE 200 WEST MELBOURNE, FLORIDA 32904		3. Mailing Address 3125 WEST NEW HAVEN AVE. SUITE 200 WEST MELBOURNE, FLORIDA 32904	
4. FEI Number 59-3348568		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEVIN DANDREA 1901 S. HARBOR CITY BLVD. #600 MELBOURNE, FL. 32901		7. Name and Address of New Registered Agent ERIC GEBHART 3125 WEST NEW HAVEN AVE. SUITE 200 WEST MELBOURNE FL 32904	
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:  ERIC GEBHART PRES. 4-26-01 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒		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: PRES NAME: RAYMOND BELL STREET ADDRESS: 1901 S. HARBOR CITY BLVD. CITY-ST-ZIP: MELBOURNE, FL. 32901	☒ Delete	TITLE: PRES NAME: ERIC GEBHART STREET ADDRESS: 3125 W. NEW HAVEN AVE. CITY-ST-ZIP: WEST MELBOURNE, FL. 32904	☒ Change ☐ Addition
TITLE: V.P. NAME: DEANNA BELL STREET ADDRESS: 1901 S. HARBOR CITY BLVD. CITY-ST-ZIP: MELBOURNE, FL. 32901	☒ Delete	TITLE: V.P. NAME: TRACY GEBHART STREET ADDRESS: 3125 W. NEW HAVEN AVE. CITY-ST-ZIP: WEST MELBOURNE, FL. 32904	☒ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
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:  ERIC GEBHART SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: ERIC GEBHART SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (11/00)