

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90124 026 ***150.00

DOCUMENT # **P960000006814** ✓
1. Entity Name
Studio 1 Photography Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12608 Henderson Rd Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Tampa FL		City & State FL	
Zip 33625	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NA	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Allen, Gary L**
Street Address (P.O. Box Number is Not Acceptable)
12608 Henderson Rd
City **Tampa FL** Zip Code **33625**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PD Allen, Gary L 12608 Henderson Rd Tampa FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Allen, Donna M. 12608 Henderson Rd Tampa FL 33625
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Donna Allen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 **813-265-2200**
Date Daytime Phone #

CR2E0345 (12/01)