

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049471

1. Entity Name

PHOTOLARGE INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90500 007 \*\*\*150.00

Principal Place of Business

12065 METRO PKWY  
#103  
FT MYERS FL 33912  
US

Mailing Address

12065 METRO PKWY  
#103  
FT MYERS FL 33912  
US

C0033594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7215 HENDRY CREEK DR.

3. Mailing Address

7215 HENDRY CREEK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

65-0687211

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKER, R S  
12699 NEW BRITTANY BLVD  
FT MYERS FL 33907

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ENGLEDOW, MARK E	
STREET ADDRESS	7215 HENDRY CREEK DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908-0488	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLEDOW, CHERYL L.	
STREET ADDRESS	7215 HENDRY CREEK DR	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mark E. Engledow* MARK E. ENGLEDOW 3/12/01 941-246-1372  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)