

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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90102 004 \*\*\*150.00

DOCUMENT # <i>P97 000001813</i>	
1. Entity Name Senior Photographers International, Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>10451 McGregor Blvd.</i> Suite, Apt. #, etc.	3. Mailing Address <i>137 Placid Dr.</i> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>Fort Myers, FL.</i>	City & State <i>Fort Myers, FL.</i>	4. FEI Number <i>65-0720347</i>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip <i>33919</i>	Country <i>us</i>	Zip <i>33919</i>	Country	

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

**DO NOT WRITE  
IN THIS SPACE**

Name <i>Michael T. Harris</i>
Street Address (P.O. Box Number is Not Acceptable) <i>10451 McGregor Blvd.</i>
City <i>Fort Myers</i>
State <i>FL</i>
Zip <i>33919</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Michael T Harris</i> <i>10451 McGregor Blvd.</i> <i>Fort Myers, FL. 33919</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Sue Harris*      3/10/03      239-590-0560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034B (12/02)