

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005009

1. Entity Name

ENCORE PHOTO, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90067 028 ***150.00

Principal Place of Business

1010 BUNNELL AVENUE
SUITE 1103
ALTAMONTE SPRINGS FL 32714

Mailing Address

1010 BUNNELL AVENUE
SUITE 1103
ALTAMONTE SPRINGS FL 34240-8854

2. Principal Place of Business

2195 PORTER LAKE DR

3. Mailing Address

SAME



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3419628

Applied For

Not Applicable

Zip

34240

Country

SARASOTA

Zip

Country

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

HUMPHRIES, J. GREGORY
201 EAST PINE STREET
SUITE 701
ORLANDO FL 32801

Name

ANTHONY FIOCCO

Street Address (P.O. Box Number is Not Acceptable)

2195 PORTER LAKE DR

City

SARASOTA

FL

Zip Code

34240

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, 2000 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 ☐ Delete
NAME FIOCCO, ANTHONY J
STREET ADDRESS 1010 BUNNELL AVE, STE 1103
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE PRES ☒ Change ☐ Addition
NAME ANTHONY FIOCCO
STREET ADDRESS 2195 PORTER LAKE DR
CITY-ST-ZIP SARASOTA, FL 34240

TITLE D ☐ Delete
NAME FIOCCO, KIM M
STREET ADDRESS 1010 BUNNELL AVE, STE 1103
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE V.P. ☒ Change ☐ Addition
NAME KIM FIOCCO
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUSTAS, DIANE
STREET ADDRESS 1010 BUNNELL AVE, STE 1103
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SIC TRES ☒ Change ☐ Addition
NAME SAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/99)