

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000005009**1. Entity Name  
ENCORE PHOTO, INC.

Principal Place of Business 2195 PORTER LAKE DRIVE  SARASOTA FL 34240	Mailing Address 2195 PORTER LAKE DRIVE  SARASOTA FL 34240
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address PO BOX 50068  Suite, Apt. #, etc.
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City & State  SARASOTA FL	City & State SARASOTA FL
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Zip 34240	Country FL	Zip 34230	Country US
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4. FEI Number <b>59-3419628</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FIOCCO ANTHONY  
2195 PORTER LAKE DRIVE

SARASOTA FL 34240 US

**7. Name and Address of New Registered Agent**Name  
FIOCCO ANTHONYStreet Address (P.O. Box Number is Not Acceptable)  
PO BOX 50068

City SARASOTA FL Zip Code 34230

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 \_\_\_\_\_ DATE **04/16/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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**

TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTAS DIANE	
STREET ADDRESS	1010 BUNNELL AVE, STE 1103	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	D	<input type="checkbox"/> Delete
NAME	FIOCCO KIM M	
STREET ADDRESS	1010 BUNNELL AVE, STE 1103	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	D	<input type="checkbox"/> Delete
NAME	FIOCCO ANTHONY J	
STREET ADDRESS	1010 BUNNELL AVE, STE 1103	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAS DIANE	
STREET ADDRESS	2195 PORTER LAKE DR	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIOCCO KIM M	
STREET ADDRESS	2195 PORTER LAKE DR	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIOCCO ANTHONY J	
STREET ADDRESS	2195 PORTER LAKE DR	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Anthony Fiocco Pres 04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)