

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-14-2002 90450 039 ***150.00

DOCUMENT # **P97000005009**
1. Entity Name
ENCORE PHOTO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2195 PORTER LAKE DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 50068
Suite, Apt. #, etc.

90268

DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL
Zip
34240
Country
U.S.A.

City & State
Sarasota FL
Zip
34232
Country
USA

4. FEI Number
59-3419628
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ANTHONY J. FIOCCO

Street Address (P.O. Box Number is Not Acceptable)
7203 ST JOHN'S Way

City
University Park **FL** Zip Code
34201

6. 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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1st - May 1st Fee is \$150.00
After May 1st 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	PRESIDENT
NAME	ANTHONY J. FIOCCO
STREET ADDRESS	7203 ST JOHN'S Way
CITY-ST-ZIP	UNIVERSITY PARK FL 34201
TITLE	VICE PRES
NAME	KIM FIOCCO
STREET ADDRESS	7203 ST. JOHN'S Way
CITY-ST-ZIP	UNIVERSITY PARK FL 34201
TITLE	Sec-TRES
NAME	DIANE R. GUSTAS
STREET ADDRESS	6672 Duck Pond LN
CITY-ST-ZIP	SARASOTA FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: **DIANE R GUSTAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 941 343 9800

Date

Daytime Phone #

1234

CR2E034B (12/01)