

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

DOCUMENT # *P97000073322*

1. Entity Name

Prism Photography, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2002 SEP 18 PM 1:02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1177 Park Avenue

3. Mailing Address
1177 Park Avenue

Suite, Apt. #, etc.
Suite 5, PMB 193

Suite, Apt. #, etc.
Suite 5, PMB 193

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip
32073

Country
United States

Zip
32073

Country
United States

4. FEI Number
59-3458141

Applied For
Not Applicable

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert A. Stout

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

304 Island View Circle

City Orange Park

FL

Zip Code
32073

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, 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
NAME Robert A. Stout President / Director
STREET ADDRESS 304 Island View Circle
CITY - ST - ZIP Orange Park, FL 32073

TITLE
NAME Thomas J. Lonas, Jr. Vice President
STREET ADDRESS 7559 Springer Place
CITY - ST - ZIP Jacksonville, FL 32244

TITLE
NAME Darlene F. Stout Secretary / Treasurer
STREET ADDRESS 304 Island View Circle
CITY - ST - ZIP Orange Park, FL 32073

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP
000007826070-0
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****550.00 ****550.00
LFT 9-20-2002

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20348 (12/01)