

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104844

1. Entity Name

SEAN PATRICK IMAGES, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90064 008 \*\*\*150.00

Principal Place of Business

Mailing Address

2104 W HILLS AVE  
STE 302  
TAMPA FL 33606  
US

PO BOX 1741  
TAMPA FL 33601-1741  
US

2. Principal Place of Business

5000 Culbreath Key Way

3. Mailing Address

PO Box 1741

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-208

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3497478

Applied For

Not Applicable

Zip

33611

Country

USA

Zip

33601

Country

USA

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

SEAN P MOORE  
2104 W HILLS AVE STE 302  
TAMPA FL 33606

Name

SEAN P. MOORE

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

5000 Culbreath Key Way #4208

City

TAMPA

FL

Zip Code

33611

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	P	<input type="checkbox"/> Delete
NAME	SEAN P MOORE	
STREET ADDRESS	2104 W HILLS AVE STE 302	
CITY-ST-ZIP	TAMPA FL 33606	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAN P. MOORE	
STREET ADDRESS	5000 Culbreath Keyway #4208	
CITY-ST-ZIP	TAMPA, FL 33611	
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		
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:

SEAN P. MOORE, PRES.

Date

4/24/2000

Daytime Phone #

813-258-8498

CR2E034 (9/99)