

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90130 010 ***150.00

0419078 AV

DOCUMENT # P97000104844

1. Entity Name
SEAN PATRICK IMAGES, INC.

Principal Place of Business
5000 CULBREATH KEY WAY
A-208
TAMPA FL 33611
US

Mailing Address
PO BOX 1741
TAMPA FL 33601-741
US

2. Principal Place of Business
3415 W. VASCONIA ST
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

4. FEI Number **59-3497478**

Applied For
 Not Applicable

Zip
33629

Country
USA

Zip

Country

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


6. Name and Address of Current Registered Agent

SEAN P MOORE
5000 CULBREATH KEY WAY 4208
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name
SEAN P. MOORE
 Street Address (P.O. Box Number is Not Acceptable)
3415 W. VASCONIA ST
 City
TAMPA **FL** Zip Code
33629

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  **SEAN P. MOORE** **PRES.** **APRIL 26, 2002**
 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, 2002 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 **P** ☐ Delete
 NAME **SEAN P MOORE**
 STREET ADDRESS **5000 CULBREATH KEY WAY 4208**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☐ Addition
 NAME **SEAN P. MOORE**
 STREET ADDRESS **3415 W. VASCONIA ST**
 CITY-ST-ZIP **TAMPA, FL 33629**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2002
 Date

813-502-8012
 Daytime Phone #

CR2E034 (9/01)