2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9800001425 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name NATIONAL ASSOCIATION OF PHOTOSHOP PROFESSIONALS. 04-22-2000 90127 022 ***150.00 Principal Place of Business Mailing Address 1042 MAIN STREET 1042 MAIN STREET STE 201 DUNEDIN FL 34698-5236 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3484519 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELBY, SCOTT G Street Address (P.O. Box Number is Not Acceptable) 1042 MAIN STREET 201 **DUNEDIN FL 34698** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition CK ALCOME. ☐ Delete TITLE KELBY, SCOTT G NAME STREET ADDRESS 711 WILDFLOWER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete ☐ Change Addition TITLE KELBY, KALEBRA L NAME NAME STREET ADDRESS 711 WILDFLOWER DRIVE STREET ADDRESS CITY-ST-7IP PALM HARBOR FL 34683 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE WORKMAN, JAMES NAME NAME 3020 Ashland Terr. 13432 ANDOVA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Clearwater FL CITY-ST-ZIP LARGO FL 33774 Change Addition ☐ Delete TITLE TITLE KENDRA, JEAN NAME NAME 3020 Ashland Terr 13432 ANDOVA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITL F

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

endra 4-10-00