## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P98000012955 1. Entity Name IMAGE FACTORY PHOTOGRAPHY, INC. 05-04-2001 90086 047 \*\*\*150.00 Principal Place of Business Mailing Address 5008 MISSION SQUARE CIRCLE 5008 MISSION SQUARE CIRCLE ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEL Number 59-3493822 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELANEY, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 38233 COLLINS AVE. ZEPHYRHILLS FL 33541 Zip Code City 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 re-nstating) DATE 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Delete TITLE TITLE NAME DELANEY, WILLIAM G NAME STREET ADDRESS 38233 COLLINS AVE. STREET ADDRESS CITY-ST-21F CITY-SY-ZIP ZEPHYRHILLS FL 33541 Change Addition Delete TITLE TITLE DELANEY, SHERI K NAME STREET ADDRESS 38233 COLLINS AVE STREET ADDRESS CITY-ST-ZIE CHY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change \_\_\_ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLS ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SKeri K Delany

Sheri K. Delaney

4-24-0

(813)788-4808

Daytimo Phone #