

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014838

1. Entity Name

SEA SPRAY PHOTOGRAPHICS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90298 023 ***150.00

Principal Place of Business

Mailing Address

5444 PK BLVD
 STE 203
 PINELLAS PK FL 33718

5444 PK BLVD
 STE 203
 PINELLAS PK FL 33781-3300

2. Principal Place of Business

3517-65th ST. N.

Suite, Apt. #, etc.

3. Mailing Address

13517-65th ST. N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LARGO, FL

Zip 33771

Country USA

City & State

LARGO, FL

Zip 33771

Country USA

4. FEI Number

59-3497562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, LORI A
 5444 PK BLVD
 STE 203
 PINELLAS PK FL 33718

7. Name and Address of New Registered Agent

Name SCHULTZ, LORI A.

Street Address (P.O. Box Number is Not Acceptable)
 13517-65th ST. N.

City LARGO

FL

Zip Code 33771

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]

LORI A. SCHULTZ

4-28-2000

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

TITLE PD
 NAME SCHULTZ, LORI A
 STREET ADDRESS 5444V PARK BLVD STE 203
 CITY-ST-ZIP PINELLAS PINE FL 33718

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
 NAME SCHULTZ, LORI A.
 STREET ADDRESS 13517-65th ST. N.
 CITY-ST-ZIP LARGO, FL 33771

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4-28-00

Date

(727) 531-0422

Daytime Phone #

CR2E034 (9/99)