

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90877 018 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000022480

1. Entity Name

**TED BARRY PHOTOGRAPHY AND WEDDING SERVICES
INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2755 So. FEDERAL HWY

3. Mailing Address

CAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOHATON BEACH, FLORIDA

City & State

Zip
33435

Country
PALM BEACH

Zip

Country

4. FEI Number

582375780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TED B SOLOTOFF

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

7081 BURGESS DRIVE

City
LAKE WORTH

FL

Zip Code

33467

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRES
CAROL A SOLOTOFF
7081 BURGESS DR.
LAKE WORTH, FL. 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
TED B. SOLOTOFF
7081 BURGESS DR.
LAKE WORTH, FL. 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED SOLOTOFF

4-29-02 (954) 4260025

Date

Daytime Phone #

CR2E034B (12/01)