

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042243

1. Entity Name

BEN'S PHOTOGRAPHY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90011 016 ***150.00

Principal Place of Business

Mailing Address

308 62ND STREET
HOLMES BEACH FL 34217

308 62ND STREET
HOLMES BEACH FL 34217-1510

2. Principal Place of Business

3. Mailing Address

WGTO Tower Rd.
Suite, Apt. #, etc.

WGTO Tower Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Polk City, FL

City & State
Polk City, FL

4. FEI Number 65-0834581

Applied For
Not Applicable

Zip Country
33868 US

Zip Country
33868 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, BENJAMIN
308 62ND STREET
HOLMES BEACH FL 34217

Name
Street Address (P.O. Box Number is Not Acceptable)
WGTO Tower Rd.
Polk City, FL 33868

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, BEN 308 62ND ST HOLMES BCH FL 34217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Ben webb WGTO Tower Rd. Polk City, FL 33868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 956-8999
Date Daytime Phone

CR2E034 (9/99)