

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 13, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000081616****1. Entity Name**
PHOTOSHOWS, INC.**Principal Place of Business**

1705 LYNDAL BLVD

MAITLAND
32751

FL

Mailing Address

1705 LYNDAL BLVD

MAITLAND
32751

FL

2. Principal Place of Business

7845 SUGAR BEND DRIVE

3. Mailing Address

7845 SUGAR BEND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**59-3536402****Applied For**☐ Not Applicable**Zip**
32819**Country**
US**Zip**
32819**Country**
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES

33134

US

FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

08/13/2000

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	TD	<input type="checkbox"/> Delete
NAME	KURLANDER BERNARD J	
STREET ADDRESS	1705 LYNDAL BLVD	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KURLANDER BRIAN J	
STREET ADDRESS	1705 LYNDAL BLVD	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KURLANDER BERNARD J		
STREET ADDRESS	7845 SUGAR BEND DRIVE		
CITY-ST-ZIP	ORLANDO FL 32819		

TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KURLANDER BRIAN J		
STREET ADDRESS	7845 SUGAR BEND DRIVE		
CITY-ST-ZIP	ORLANDO FL 32819		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:** Brian Kurlander

PSD 08/13/2000