

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90149 004 \*\*\*150.00

DOCUMENT # **P98000083757**

1. Entity Name  
**JACK-N-JILL PHOTOGRAPHY, INC.**

Principal Place of Business  
**11813 GRAN CRIQUE CT S  
 JACKSONVILLE FL 32223**

Mailing Address  
**11813 GRAN CRIQUE CT S  
 JACKSONVILLE FL 32223**

2. Principal Place of Business  
**4690 Saddlehorn TR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4690 Saddlehorn TR.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Middleburg, FL**  
 Zip **32068** Country **USA**

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**Middleburg, FL**  
 Zip **32068** Country **USA**

4. FEI Number **59-3543715**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TEDDER, MARY L  
 2634 ORANGE PICKERS RD.  
 JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name **MARY L. TEDDER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4690 Saddlehorn TR.**  
 City **Middleburg** FL Zip Code **32068**

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 *Mary Tedder* **4-18-01**  
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, 2001 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	<b>D</b> <b>TEDDER, GERALD L</b> <b>14441 COURSE VIEW DR.</b> <b>ORANGE PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TEDDER, MARY L</b> <b>14441 COURSE VIEW DR.</b> <b>ORANGE PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSAOLLA, TAMMY</b> <b>2634 ORANGE PICKERS RD.</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4690 Saddlehorn TR.</b> <b>Middleburg, FL 32068</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4690 Saddlehorn TR.</b> <b>Middleburg, FL 32068</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4690 Saddlehorn TR.</b> <b>Middleburg Fl. 32068</b>	
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"/> 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: *Mary Tedder* **4-18-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)