

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083757

1. Entity Name
ACK-N-JILL PHOTOGRAPHY, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90072 035 ***150.00

Principal Place of Business Mailing Address
~~4600 SADDLEHORN TRAIL~~ ~~MIDDLEBURG FL 32068~~ ~~4600 SADDLEHORN TRAIL~~ ~~MIDDLEBURG FL 32068~~
1700 Royal Fern Ln. 1700 Royal Fern Ln.
O.P. FL 32003 O.P. FL 32003



2. Principal Place of Business Suite, Apt. #, etc.
Same

3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country

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
~~4600 SADDLEHORN TRAIL~~ ~~MIDDLEBURG FL 32068~~ 1700 Royal Fern Ln.
O.P. FL 32003

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VICE PRESIDENT TEDDER, GERALD L. ~~4600 SADDLEHORN TRAIL~~ ~~MIDDLEBURG FL 32068~~ 1700 Royal Fern Ln. O.P. FL 32003
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT TEDDER, MARY L. ~~4600 SADDLEHORN TRAIL~~ ~~MIDDLEBURG FL 32068~~ 1700 Royal Fern Ln. O.P. FL 32003
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SECRETARY OSAOLLA, TAMMY ~~4600 SADDLEHORN TRAIL~~ ~~MIDDLEBURG FL 32068~~ 1700 Royal Fern Ln. O.P. FL 32003
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. 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 L Tedder* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 904-880-3030
Date Daytime Phone #

CR2E034 (9/01)