2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000083757 DOCUMENT

1. Entity Name

JACK-N-JILL PHOTOGRAPHY, INC.



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90088 040 ***150.00

Principal Place 2105 PARK AV ORANGE PARK	enue suite #19	# 19					
	ace of Business Park Age. 4, etc. 19	K Aver		CHECK HERE IF N	MAKING CHANG	ES	
City & State DRADAR PARK F1.		Okange Park Fl.		4. FEI Numb	4. FEI Number 59-3543715		Applied For Not Applicable
Zip 2207	Country	^{Zip} 32073	Country			Fee Requ	Additional uired
	6. Name and Address of Current F	Registered Agent		7, Name an	d Address of New Regi	stered Agent	
TEDDER, I	25 FRINBILL HERON CON	e DR.	Name Street Addre	ss (P.O. Box Numb	per is Not Acceptable)	,	
- OF	Lange Pack Fl-3	City			FL Zip C	Code	
	named entity submits this statement for ons of registered agent.	the purpose of changing its r	egistered office or reg	istered agent, or b	oth, in the State of Florida		ith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature re-	quired when reinstating)		DATE	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			I	lection Campaign Financirust Fund Contribution.		5:00 May Be
Make Check	Payable to Florida Department of			A DESTRICTION	S/CHANGES TO OFFICE	DO AND DIRECT	OPS IN 11
10.	OFFICERS AND I		TITLE	Vice PRes	S/CHANGES TO OFFICE	.no AND DIRECT	
TITLE NAME	D TEDDER, GERALD L	□ Delete Blüc Heron Cove Dic.	NAME STREET ADDRESS	NICE ALCO	14177		J
STREET ADDRESS CITY-ST-ZIP	U D. PACK II O. P.	ing Pack F1 32003	CITY-ST-ZIP	(Qa all	<u>i</u>		- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDER, MARY L 1701 FOY/LILEN LAME OPTION BARK SUSSION ORA	Blue Heron CoorDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presiden	7	☐ Char	nge 🗌 Addition
TITLE NAME STREET ADDRESS	D OSAOLLA, TAMMY 1700 BCM	Delete Serton DR. 3304	NAME	Secke far	4	[☐ Char	ige 🔲 Addition
TITLE NAME STREET ADDRESS	CAKLAD ARK FL 32 A 61	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge Addition
TITLE NAME STREET ADDRESS		~ □ Delete	TITLE NAME STREET ADDRESS			☐ Chai	nge
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge Addition
12. I hereby	L certify that the information supplied with	this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I fu	irther 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: