

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084493

1. Entity Name

MARY DOYLE PHOTOGRAPHER INC.

Principal Place of Business

Mailing Address

306 BAY PLAZA
TREASURE ISLAND FL 33706
US

P O BOX 66022
ST PETE BEACH FL 33706

2. Principal Place of Business

3201 58TH ST S

3. Mailing Address

Suite, Apt. #, etc.

253

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

4. FEI Number

59-3570232

Applied For

Not Applicable

Zip

33707

Country

PINEALLAS

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWERS, BARRY
3820 GULF BLVD #906
ST PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name RONNIE J. WRIGHT

Street Address (P.O. Box Number is Not Acceptable) 3201 58TH ST S #253

City GULFPORT

FL

Zip Code 33707

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)

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

TITLE D
NAME DOYLE, MARY
STREET ADDRESS 306 BAY PLAZA
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.09.01

Date

(727) 415-5910

Daytime Phone #

CR2E034 (10/00)

0626110

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90098 016 ***150.00

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