

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90452 017 \*\*\*150.00

**DOCUMENT # P98000084493**

1. Entity Name

**MARY DOYLE PHOTOGRAPHER INC.**



Principal Place of Business  
**1016 JACKSON ST N**  
**SAINT PETERSBURG FL 33705**  
**US**

Mailing Address  
**1016 JACKSON ST N**  
**SAINT PETERSBURG FL 33705**  
**US**

2. Principal Place of Business

**1016 1/2 JACKSON ST N**

3. Mailing Address

**1016 1/2 JACKSON ST N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SAINT PETERSBURG FL 33705**

City & State

**SAINT PETERSBURG FL**

Zip

**33705**

Country

**USA**

Zip

**33705**

Country

**USA**

4. FEI Number

**59-3570232**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WRIGHT, RONNIE J**  
**3201 58 ST S**  
**253**  
**GULFPORT FL 33707**

7. Name and Address of New Registered Agent

Name  
**WRIGHT, RONNIE J**  
Street Address (P.O. Box Number is Not Acceptable)  
**1016 JACKSON ST N**  
**ST**  
City  
**SAINT PETERSBURG FL** Zip Code  
**33705**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** ☐ Delete  
**DOYLE, MARY**  
**306 BAY PLAZA**  
**TREASURE ISLAND FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D/P** ☒ Change ☐ Addition  
**DOYLE, MARY**  
**1016 JACKSON ST N**  
**SAINT PETERSBURG, FL 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03**

Date

**(727) 415-5910**

Daytime Phone #

CR2E034 (10/02)