

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100631

1. Entity Name

DOUG'S PHOTOGRAPHY AND VIDEO, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90061 038 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4700 NORTHEAST 19TH AVENUE~~  
~~APARTMENT 34~~

FORT LAUDERDALE FL 33308-4953

C/O GRUBER AND ASSOCIATES, P.A.  
7650 SOUTHEAST 17TH STREET, STE 301  
FT. LAUDERDALE FL 33316-1733

2. Principal Place of Business

3041 Northeast 49th Street

Suite, Apt. #, etc.

APARTMENT 10

City & State

Fort Lauderdale FL

Zip

33308-4953

Country

US

3. Mailing Address

Suite, Apt. #, etc.

SUITE 301

City & State

PORT

Zip

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881893

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EATON, DOUGLAS D

~~4700 NORTHEAST 19TH AVENUE~~

~~APARTMENT 34~~

FORT LAUDERDALE FL 33308-4953

Name

Street Address (P.O. Box Number is Not Acceptable)

3041 Northeast 49th Street #10

City

FL

Zip Code

33308-4953

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, 2000 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 DP  
NAME EATON, DOUGLAS D.  
STREET ADDRESS ~~4700 NORTHEAST 19TH AVENUE, APARTMENT 34~~  
CITY-ST-ZIP FORT LAUDERDALE FL 33308-4953

TITLE D.  
NAME  
STREET ADDRESS 3041 Northeast 49th Street #10  
CITY-ST-ZIP 33308-4953

TITLE  
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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

2/6/00

Date

954-522-2222

Daytime Phone #

CR2E034 (9/99)