

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90639 005 ***150.00

DOCUMENT # **P 98000100631**
 1. Entity Name **DOUG'S PHOTOGRAPHY AND VIDEO, INC.** ✓

Principal Place of Business Mailing Address

C0069596

2. Principal Place of Business **2805 EAST OAKLAND PARK 90 GRUBER AND ASSOCIATES, P.A.**
 Suite, Apt. #, etc. **BOULEVARD 113** Suite, Apt. #, etc. **1650 SOUTHEAST 17TH STREET, SUITE 301**

DO NOT WRITE IN THIS SPACE

City & State **FORT LAUDERDALE FL** City & State **FORT LAUDERDALE FL**
 Zip **FL 33306** Country **33306 US** Zip **33316** Country **US**

4. FEI Number 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

Name **DOUGLAS D. EATON**
 Street Address (P.O. Box Number is Not Acceptable) **2805 EAST OAKLAND BOULEVARD**
SUITE 113
 City **Fort Lauderdale** FL Zip Code **33306**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
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 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/P** ☒ Change ☐ Addition
 NAME **DOUGLAS D. EATON**
 STREET ADDRESS **2805 EAST OAKLAND PARK BOULEVARD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33306**
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 TITLE ☐ Change ☐ Addition
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 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

DOUGLAS D. EATON 4/5/1 954.5000

Date

Daytime Phone #

CR2E034 (11/00)