

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90206 002 ***150.00

DOCUMENT # P98000100631

1. Entity Name

DOUG'S PHOTOGRAPHY AND VIDEO, INC.

Principal Place of Business

**2805 EAST OAKLAND PARK BLVD. SUITE 113
 FORT LAUDERDALE FL 33306**

Mailing Address

**1650 SOUTHEAST 17TH STREET, SUITE 801
 FORT LAUDERDALE FL 33316-1735**

2. Principal Place of Business

BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

SUITE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EATON, DOUGLAS P.
 2805 EAST OAKLAND BLVD SUITE 113
 FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 **DP**
 NAME **EATON, DOUGLAS P.**
 STREET ADDRESS **2805 EAST OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP

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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

2-21-2002

954-522-2222

Date

Daytime Phone #

CP2E034 (9/01)