

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004115

1. Entity Name
THE SHUTTERBUG COLLECTION, INC.

Principal Place of Business
1500 S. DIXIE HIGHWAY
SUITE #300
CORAL GABLES FL 33146

Mailing Address
1500 S. DIXIE HIGHWAY
SUITE #300
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0888773

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

JACOBY, CHARLES S
1500 S. DIXIE HIGHWAY
SUITE #300
CORAL GABLES FL 33146

Name
HUNTER, ROBERT J.
Street Address (P.O. Box Number is Not Acceptable)
1500 S. DIXIE HIGHWAY
SUITE 300
City
CORAL GABLES FL Zip Code
33146

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 *Robert Hunter* President

7-2-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBY, CHARLES E
1500 S. DIXIE HIGHWAY
CORAL GABLES FL 33146 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNTER, ROBERT JR.
1500 S. DIXIE HIGHWAY
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNTER, SUSAN
1500 S. DIXIE HIGHWAY
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
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☐ Delete

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: *Robert Hunter*

7-2-01

305-667-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90058 021 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)