

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90244 034 \*\*\*150.00

**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**

1450 Madruga Avenue

Suite, Apt. #, etc.

Suite #404

City & State

Coral Gables, Florida

Zip

33146

Country

U.S.A.

**3. Mailing Address**

1450 Madruga Avenue

Suite, Apt. #, etc.

Suite #404

City & State

Coral Gables, Florida

Zip

33146

Country

U.S.A.

**6. Name and Address of Current Registered Agent**

HUNTER, ROBERT J

1500 S. DIXIE HIGHWAY

SUITE 300

CORAL GABLES FL 33146

**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	D	<input type="checkbox"/> Delete
NAME	HUNTER, ROBERT JR.	
STREET ADDRESS	1500 S. DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, SUSAN	
STREET ADDRESS	1500 S. DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Susan Hunter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002 (305) 668-8359  
 Date Daytime Phone #

CR2E034 (9/01)