

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90491 019 ***150.00

DOCUMENT # P99000005079

1. Entity Name
NATURALLY PHOTOGRAPHY, INC.

Principal Place of Business
**120 DOLPHIN BLVD EAST
PONTE VEDRA BEACH FL 32082**

Mailing Address
**120 DOLPHIN BLVD EAST
PONTE VEDRA BEACH FL 32082**

928954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1617 San Marco Blvd. St 1
Suite, Apt. #, etc.

3. Mailing Address
427 South St.
Suite, Apt. #, etc.

City & State
JAX FL
Zip
32207
Country
USA

City & State
Nephtune Bch FL
Zip
32266
Country
USA

4. FEI Number **APPLIED FOR**
593619594
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

**DENMAN, CASIE L
6544 BRANDEMERE RD S
JACKSONVILLE FL 32211**

Name
Street Address (P.O. Box Number is Not Acceptable)
427 South St.
City **Nephtune Bch FL** Zip Code **32266**

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 **Casie Denman**
Signature, typed or printed name of registered agent and title if applicable.

3/4/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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
NAME **PSD DENMAN, CASIE L** ☐ Delete
STREET ADDRESS **6544 BRANDEMERE RD S**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE
NAME **PSD CASIE DENMAN** ☒ Change ☐ Addition
STREET ADDRESS **427 South St.**
CITY-ST-ZIP **Nephtune Bch FL 32266**

TITLE
NAME **VTD DENMAN, GARY** ☐ Delete
STREET ADDRESS **6544 BRANDEMERE RD S**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE
NAME **VTD GARY DENMAN** ☒ Change ☐ Addition
STREET ADDRESS **427 South St**
CITY-ST-ZIP **Nephtune Bch FL 32266**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **Casie Denman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01 **904-372-0560**
Date Daytime Phone #

CR2E034 (10/00)