

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0039299 AV

04-08-2002 90227 024 \*\*\*150.00

**DOCUMENT # P99000005079**

1. Entity Name

**NATURALLY PHOTOGRAPHY, INC.**

Principal Place of Business

1617 SAN MARCO BLVD.  
SUITE 1  
JACKSONVILLE FL 32207

Mailing Address

427 SOUTH ST.  
NEPTUNE BEACH FL 32266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2445 B Costa Verde Ct

3. Mailing Address

427 South St

Suite, Apt. #, etc.

Suite #B

Suite, Apt. #, etc.

Neptune Bch FL

City & State

Gox Bch - FL

City & State

Neptune Bch FL

Zip

32250

Country

USA

Zip

32266

Country

FL

4. FEI Number

59-3619594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENMAN, CASIE L

427 SOUTH ST.

NEPTUNE BEACH FL 32266

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

*Casie L Denman*

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

(NOTE: Registered Agent signature required when reinstating)

3/28/02

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 PSD  
NAME DENMAN, CASIE L  
STREET ADDRESS 427 SOUTH ST  
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

TITLE VTD  
NAME DENMAN, GARY  
STREET ADDRESS 427 SOUTH ST  
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Casie L Denman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

Daytime Phone #

904-312-0560

CR2E034 (9/01)