

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006918

1. Entity Name
CROUCH PHOTOGRAPHY CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90008 014 ***150.00

Principal Place of Business
**190 CARISSA DR.
SATELLITE BEACH FL 32937**

Mailing Address
**190 CARISSA DR.
SATELLITE BEACH FL 32937-3303**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
585 JACKSON AVE

3. Mailing Address
190 CARISSA DR

Suite, Apt. #, etc.

City & State
SATELLITE BEACH, FL

City & State
SATELLITE BEACH, FL

Zip
32937

Country
USA

Zip
32937

Country
USA

4. FEI Number
59-3555916

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

**CROUCH, PETER C
190 CARISSA DR.
SATELLITE BEACH FL 32937**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 STREET ADDRESS CITY-ST-ZIP	D CROUCH, SUE 190 CARISSA DR. SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, PETER C 190 CARISSA DR. SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David B. Crouched* **4-17-2000** **321-779-8515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)