

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027263

1. Entity Name

IMAGES - PHOTOGRAPHY, INCORPORATED

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90077 006 ***150.00

Principal Place of Business

Mailing Address

1813 WEBER ST.
ORLANDO FL 32803

1813 WEBER ST.
ORLANDO FL 32803-6834

2. Principal Place of Business

3. Mailing Address

3215 PICKFAIR ST

3215 PICKFAIR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3604858

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

DELL'OLIO, DAVID
1813 WEBER ST.
ORLANDO FL 32803

Name

DELL'OLIO, DAVID

Street Address (P.O. Box Number is Not Acceptable)

3215 PICKFAIR ST.

City

ORLANDO

FL

Zip Code

32803

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

David Dell'Olio
Signature, type or printed name of registered agent and title if applicable.

DAVID DELL'OLIO

1/20/00

(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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID DELL'OLIO
3215 PICKFAIR ST.
ORLANDO, FL 32803

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

David Dell'Olio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DELL'OLIO

Date

1/20/00

Daytime Phone #

407-
228
4613

CR2E034 (9/99)