

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/1

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-02-2001 90319 047 ***150.00

DOCUMENT # P99000027779

1. Entity Name

INTERNATIONAL PHOTOGRAPHY AND IMAGING, INC.

Principal Place of Business

643 N RIDGEWOOD
DAYTONA BEACH FL 32114

Mailing Address

643 N RIDGEWOOD
DAYTONA BEACH FL 32114

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

59-3569340

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

HOOD, WILLIAM

643 N RIDGEWOOD
DAYTONA BEACH FL 32114

Name

Daniela Hood

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

643 North Ridgewood Ave.

City

Daytona Beach

FL

Zip Code

32114

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

Daniela Hood

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, 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 PD
NAME HOOD, WILLIAM
STREET ADDRESS 643 N RIDGEWOOD
CITY-ST-ZIP DAYTONA BEACH FL 32114

4.3.2001 Delete

TITLE STD
NAME HOOD, DANIELA
STREET ADDRESS 643 N RIDGEWOOD
CITY-ST-ZIP DAYTONA BEACH FL 32114

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Daniela Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)