

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 012 ***150.00

DOCUMENT # P 99000036585

1. Entity Name

ULI'S PHOTO CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ULI'S PHOTO CORP.

3. Mailing Address

ULI'S PHOTO CORP.

Suite, Apt. #, etc.

731 SE 43rd STREET

Suite, Apt. #, etc.

731 SE 43rd STREET

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

4. FEI Number

65-0914506

Applied For

Not Applicable

Zip

33904

Country

Zip

33904

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ILSE VERONIKA BAUCKE

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

731 SE 43rd STREET

City

CAPE CORAL

FL

Zip Code

33904

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

Ilse Veronika Baucke

ILSE VERONIKA BAUCKE, PRES.

04-28-02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PIT/D
NAME	BAUCKE, ILSE VERONIKA
STREET ADDRESS	731 SE 43rd STREET
CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE	VIS/D
NAME	LEPA, FELIX
STREET ADDRESS	731 SE 43rd STREET
CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ilse Veronika Baucke ILSE VERONIKA BAUCKE 04/28/02 (944) 540 9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)