2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91299 039 ***150.00

DOCUMENT # P99000036585

1. Entity Name
ULI'S PHOTO CORPORATION

11024012

Principal Place of Business	Mailing Address
ULI'S PHOTO CORP 3846 DE LEON STREET FORT MYERS, FL 33901	ULI'S PHOTO CORP 3846 DE LEON STREET FORT MYERS, FL 33901

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3765 SE 6th AVE	P.O. Box 150579
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33904 Country: Lee	Zip: 33915 Country: Lee

4. FEI Number: 65-0914506 ☐ 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
ELAKMAN, ILSE VERONIKA 3846 DE LEON STREET FORT MYERS, FL 33901	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ilse Veronika Elakman 04-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ELAKMAN, ILSE VERONIKA 3846 DE LEON STREET FORT MYERS, FL 33901	☐ Delete	PTD ELAKMAN, ILSE VERONIKA 3765 SE 6TH AVE CAPE CORAL, FL, 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LEPA, FELIX 3846 DE LEON STREET FORT MYERS, FL 33901	☐ Delete	VSD LEPA, FELIX 3765 SE 6TH AVE CAPE CORAL, FL, 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ilse Veronika Elakman I. V. ELAKMAN 04-23-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #