

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-03-2000 90060 035 ***150.00

DOCUMENT # P99000076377

1. Entity Name

AMERICAN PHOTOGRAPHY INC.

(Handwritten: R)

Principal Place of Business

4013 CROCKERS LAKE BLVD. #1328
 SARASOTA FL 34238

Mailing Address

4013 CROCKERS LAKE BLVD. #1328
 SARASOTA FL 34238-5304

2. Principal Place of Business

3. Mailing Address

no changes
 4013 Crockers Lake Blvd

4013 Crockers Lake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1328

#1328

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34238

USA

34238

USA

4. FEI Number

65-0941357

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDBETTER, DEBBIE
 4013 CROCKERS LAKE BLVD. #1328
 SARASOTA FL 34238

7. Name and Address of New Registered Agent

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

(Handwritten Signature: Debbie Ledbetter)

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

6-7-2000

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: **PRESIDENT**
 NAME: **Debbie Ledbetter**
 STREET ADDRESS: **4013 CROCKERS LAKE BLVD. #1328**
 CITY-ST-ZIP: **SARASOTA, FL 34238**

☐ Delete

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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: *(Handwritten Signature: Debbie Ledbetter)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

941-922-2908

Daytime Phone #

CR2E034 (9/99)