

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 20, 2000 8:00 am
Secretary of State

08-29-2000 90014 001 ***750.00

DOCUMENT # P99000092742			
1. Entity Name ANTHONY LAWRENCE PHOTO FINISHING, INC.			
Principal Place of Business 2114 EDGEWATER DR. ORLANDO FL 32804		Mailing Address 2114 EDGEWATER DR. ORLANDO FL 32804	
2. Principal Place of Business 480 N. Orlando Ave		3. Mailing Address Same	
Suite, Apt. #, etc. Ste 132		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State	
Zip 32789	Country USA	Zip	Country
6. Name and Address of Current Registered Agent KNAPP, SHAWN A 2114 EDGEWATER DR. ORLANDO FL 32804		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNAPP, SHAWN A 1426 CHESSINGTON CIR. HEATHROW FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, JAMES E 10701 SO. EASTERN AVE., #2625 HENDERSON NV 89012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEELAN, KEVIN L 324 BROADVIEW AVE. ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEELAN, JOHN L 346 WOOD AVE. NORTH BRUNSWICK NJ 08902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-00

(407) 622-5700

Date

Daytime Phone #

CP2E034 (5/00)