

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094700

1. Entity Name

QUIK PICS DIGITAL PHOTOGRAPHERS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90062 040 ***150.00

Principal Place of Business

Mailing Address

6 GRANDVIEW DR.
SHALIMAR FL 32579

6 GRANDVIEW DR.
SHALIMAR FL 32579-1615

2. Principal Place of Business

3. Mailing Address

6 Grandview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Shalimar Florida

4. FEI Number

59-3607080

Applied For

Not Applicable

Zip

Country

Zip

Country

32579

USA

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

ANCHORS, C. LEDON
909 MAR WALT DR., SUITE 1014
FT. WALTON BCH FL 32547

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

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, 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	D	☐ Delete
NAME	BARRON, GEORGE R	
STREET ADDRESS	6 GRANDVIEW DR.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	☐ Delete
NAME	BARRON, DAVID R	
STREET ADDRESS	6 GRANDVIEW DR.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2000

Date

Daytime Phone #

CR2E034 (9/99)