## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V29183**

1. Entity Name

PHOTO/GRAPHICS, INC.

Principal Place of Business

Mailing Address

11460 W. SAMPLE ROAD CORAL SPRINGS FL 33065

9640 N.W. 28TH STREET CORAL SPRINGS FL 33065-5039

SIGNATURE

**FILED** Feb 26, 2000 8:00 am Secretary of State 02-26-2000 90063 011 \*\*\*150.00

DATE

6946790



Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0331055 Applied For Not Applicable											
									Zip	Country	Zip Cour		try	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			
				Name												
DOUMAR, RAYMOIND A. 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316-1197				Street Address (P.O. Box Number is Not Acceptable)												
				City	Zip Code											

(NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criter	ia on back)	U !	Make Check Payable	to Department	or State			
1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	FICHNER, J. HENRY			NAME				
STREET ADDRESS	9640 N.W. 28TH ST.			STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-ST-ZIP				
TITLE	SVT		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	FICHNER, JUDITH M.			NAME				
STREET ADDRESS	9640 N.W. 28TH ST.			STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-ST-ZIP				
TITLE	D		Delete Delete	TITLÉ	.D	-	Change	Addition
NAME .	FICHNER, JUDITH M.		END DEIGIG	NAME	200 to 200 to 100	CHO TOTAL		
STREET ADDRESS	9640 N.W. 28TH ST.			STREET ADDRESS	FICH	JER, JR, JOHN H		
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-ST-ZIP	CORAL	SPRINGS FL 3306	<b>65</b>	
TITLE	CONAL SPRINGS PL		□ Delete	TITLE		<u> </u>	☐ Change	☐ Addition
NAME :			C Delete	NAME				_
STREET ADDRESS				STREET ADDRESS				ļ
CITY-ST-ZIP				CITY-ST-ZIP				
			—————————————————————————————————————	TITLE			Change	Addition
TITLE			Delete	NAME			cridings	
NAME STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
	<u> </u>			TITLE			☐ Change	☐ Addition
TITLE			☐ Delete	NAME				
NAME				STREET ADDRESS				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP				OTT - ST-ZIF				

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.

CR2E034 (9/99)