

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90759 036 ***150.00

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DOCUMENT # V37975

1. Entity Name
AERIAL & ARCHITECTURAL PHOTO, INC.



Principal Place of Business
103 CENTURY 21 DR
115
JACKSONVILLE FL 32216
US

Mailing Address
103 CENTURY 21 DR
115
JACKSONVILLE FL 32216
US



2. Principal Place of Business
1650-2 Beach Ave

3. Mailing Address
Suite, Apt. #, etc. SAME

Suite, Apt. #, etc.
City & State
Atlantic Beach FL

Suite, Apt. #, etc.
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3127602

Applied For
Not Applicable

Zip 32233 Country Duval

Zip Country

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

JOHNSON, GORDON
1650-2 BEACH AVE
ATLANTIC BEACH FL 32233

Name Gordon
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 *Gordon Johnson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.26.03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVSD
NAME JOHNSON, GORDON
STREET ADDRESS 1650-2 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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CITY-ST-ZIP

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: *Gordon Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4.26.03 (904) 246 0669

CR2E034 (10/02)