

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109000

1. Entity Name

PICTURE FRAMING BY VOLPE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90025 008 ***150.00

Principal Place of Business

Mailing Address

1916 CENTRAL AVENUE
ST. PETERSBURG FL 33712

1916 CENTRAL AVENUE
ST. PETERSBURG FL 33707-1331

2. Principal Place of Business

6648 Central Ave

Suite, Apt. #, etc.

3. Mailing Address

6648 Central Ave

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33707

Country

Zip

33707

Country

4. FEI Number

59-3491709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VOLPE, NANCY H
6648 ~~1916~~ CENTRAL AVENUE
ST. PETERSBURG FL ~~33712~~ 33707

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

Nancy Volpe

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

(NOTE: Registered Agent signature required when reinstating)

1/20/2000
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

TITLE ☐ Delete
NAME D
STREET ADDRESS VOLPE, NANCY H
CITY-ST-ZIP 1916 CENTRAL AVENUE
ST. PETERSBURG FL 33712

TITLE ☐ Delete
NAME D
STREET ADDRESS VOLPE, NAN B
CITY-ST-ZIP 1916 CENTRAL AVENUE
ST. PETERSBURG FL 33712

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6648 Central Ave
CITY-ST-ZIP 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6648 Central Ave
CITY-ST-ZIP 33707

TITLE ☐ Change ☐ Addition
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
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:

Nancy Volpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000
Date

(727) 347-3323
Daytime Phone #

CR2E034 (9/99)