

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F01000002187**

1. Entity Name

**PRACTICALLY PIKASSO, INC.****FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90132 020 \*\*\*150.00

Principal Place of Business

Mailing Address

**6508 4TH STREET NORTH  
ST. PETERSBURG FL 33702****6508 4TH STREET NORTH  
ST. PETERSBURG FL 33702**

2. Principal Place of Business

3. Mailing Address

**6518 4TH STREET NORTH****6518 4TH STREET NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**SAINT PETERSBURG FL****SAINT PETERSBURG, FL**

Zip

Country

Zip

Country

**33702****33702**

4. FEI Number

**52-2196361**

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

7. Name and Address of New Registered Agent

**WEBB, ROBERT****6815 EAST 14TH AVENUE  
TAMPA FL 33619**

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDPS**  
**WEBB, TIFFANY M**  
**1055 41ST AVENUE NORTH**  
**ST. PETERSBURG FL 33703** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARCIA PRICE**  
**803 GOLF ISLAND DRIVE**  
**ARLDO BEACH, FL 33572** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCDV**  
**WEBB, ROBERT**  
**1055 41ST AVENUE NORTH**  
**ST. PETERSBURG FL 33703** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KATHY CAMPBELL**  
**9904 DISCOVERY TERR**  
**BRADENTON, FL 34202** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CAROLE PURVIS**  
**5590 ISLAND AVE**  
**SEMINOLE, FL 33772** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**4/28/02**  
Date**727-521-2784**  
Daytime Phone #

CR2E034 (9/01)