

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002187

1. Entity Name
PRACTICALLY PIKASSO, INC.



FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90151 040 ***550.00

0098769 AV

Principal Place of Business
618 4TH STREET NORTH
SAINT PETERSBURG FL 33702

Mailing Address
6518 4TH STREET NORTH
SAINT PETERSBURG FL 33702

2. Principal Place of Business
1912 4TH STREET NORTH
Suite, Apt. #, etc.

3. Mailing Address
1912 4TH STREET NORTH
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number 52-2196361

Applied For
Not Applicable

Zip 33704 Country PINELLAS

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CDPS
NAME WEBB, TIFFANY M
STREET ADDRESS 1055 41ST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE VCDV
NAME WEBB, ROBERT
STREET ADDRESS 1055 41ST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE D
NAME PRICE, MARCIA
STREET ADDRESS 803 GOLF ISLAND DRIV
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

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

TITLE D
NAME CAMPBELL, KATHY
STREET ADDRESS 9904 DISCOVERY TERR
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

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

TITLE D
NAME FURVIS, CAROLE
STREET ADDRESS 5590 ISLAND AVE
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03 (727)8225204
Date Daytime Phone #

CR2E034 (4/03)