2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G01537 **DOCUMENT #**

1. Entity Name

CONRAD PICKEL STUDIO, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90207 048 ***150.00

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Principal Place of Business 7777 20TH STREET VERO BEACH FL 32966			Mailing Address 7777 20TH STREET VERO BEACH FL 32966			1 (1881) (1 881) 1810) 1810) 1811 1811 1811	01014 010 11	FIRII BIBII BI	1 () 6(6) (16)	
2. Principal F	Place of Business	3. Mailing Addres	is s							
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State	City & State			4. FEI Number 39-0858265			oplied For ot Applicable	7
Zip	Country	Zip	The second second			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Cui				7. N	lame and Address of New Regis	tered Ag	ent		1
	•			Name						1
PICKEL, R	r. Paul		Street Address (P.O. Box Number is Not Acceptable)						+	
1365 ALM	iranta lane			Olieet Addit	C35 (1.0. D	ox Number is Not Acceptable)				
VERO BEA	ACH FL 32963				·					1
				City			FL	Zip Cod	e	1
8. The above	named entity submits this stateme	ent for the purpose of char	nging its registere	ed office or reg	gistered age	ent, or both, in the State of Florida.	I am fan	niliar with,	and accept	1
the obligat	tions of registered agent.									
SIGNATURE	,									
Oldin II Olie	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Agent signature re	quired when rei	instating)	DATE		-	
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550					9. Election Campaign Financi		\$5.0	0 May Be	1
	Payable to Florida Departme					Trust Fund Contribution.		Added	I to Fees	
10.	OFFICERS.	AND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICER	SANDD	BECTOR!	S IN 11	+
TITLE	PDT	☐ Dele			, 125	27101107011/410E0 10 01110E11] Change	Addition	1
NAME	PICKEL, R. PAUL		NAMI				_	_ onango		3
STREET ADDRESS	1365 ALMIRANTA LANE		STRE	ET ADDRESS						1
CITY-ST-ZIP	VERO BEACH FL		CITY	·ST-ZIP						1
TITLE	γ	☐ Dele	ete TITLE			,	1] Change	☐ Addition	18
NAME	PICKEL, LISA		NAMI							1
STREET ADDRESS	1365 ALMIRANTA LANE					ld Quarry Rd. #	1228			
CITY-ST-ZIP	VERO BEACH FL		CITY	ST-ZIP S	<u>an Di</u>	ego, CA 92108				L
TITLE	ST	☐ Dele	te TITLE] Change	☐ Addition	
NAME	EUSTICE, KRISTI PICKEL		NAME	I .						
STREET ADDRESS CITY-ST-ZIP	1001 13 AVE EAST			ET ADDRESS						
	BRADENTON FL 34208			ST-ZIP						-
TITLE		☐ Dele		l l] Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS						ļ
CITY-ST-ZIP				ST-ZIP						1
TITLE				——[-				1 0	F=1	∤
NAME	1	☐ Dele	te TITLE NAME	l .			L] Change	Addition	į
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CITY-ST-ZIP				ST-ZIP						-
TITLE	· · · · ·	□ Dele						1 Chappe	Mddition	1
NAME		□ Dele	IE NAME				L_	Change	Addition	1
STREET ADDRESS	•			T ADDRESS						l
CITY-ST-ZIP				ST-ZIP						
12 Lhereby c	ertify that the information supplied	Lwith this filing does not a	olify for the eyes	antina atatad i	n Castian d	40.07/0\/\) EL : L 0:				ł

inereuy certily that the information supplied with this filling 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 tribe 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 attagramment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR