

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16322

1. Entity Name
PICCATI, INC.

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90001 018 ***150.00

Principal Place of Business
C/O EVERYTHING PHOTO
2655 H CAPITAL CIRCLE NE
TALLAHASSEE FL 32308
US

Mailing Address
C/O EVERYTHING PHOTO
2655 H. CAPITAL CR NE.
TALLAHASSEE FL 32308
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2969349**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAN TREESE, THOMAS K.
RT. 1 BOX 145G
LAMONT FL 32336

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP VAN TREESE, THOMAS K. RT 1 BOX 145G LAMONT FL 32336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STROBEL, JOHN C. 262 RED FOX LANE HAVANA FL 32333 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas K. Van Treese* 7/10/01 850-386-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment
#L16322
A0074633

July 9, 2001

Fla. Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

I recently received a Second Notice that I needed to file a 2001 Uniform Business Report (UBR) with you, however I never received my first notice in May. I spoke with someone from your office on the phone on Friday, July 6th, and was told that I should go ahead and file the form, and just send in the \$150 that was due in May, rather than the late fee. I have enclosed a check for that amount, along with my completed UBR. Thank you for your consideration in this matter.

Sincerely,



Tom Van Treese
Owner
Piccata, Inc.
dba Everything Photo