

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90257 002 ***150.00

DOCUMENT # *L 89838*

1. Entity Name

Portraits In Wood, Inc.



DO NOT WRITE IN THIS SPACE

44044819

2. Principal Place of Business

2513 Ginger Mill Blvd

3. Mailing Address

1852 White Heron Bay Circle

Suite, Apt. #, etc.

Orl. FL

Suite, Apt. #, etc.

Orla. FL

City & State

Orl. FL

City & State

Orlando FL

DO NOT WRITE IN THIS SPACE

Zip *32837*

Country

Orange

Zip *32824*

Country

Orange

4. FEI Number

59-3030700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Anatol Sztepa

4.28.04.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *President*
NAME *Anatol Sztepa*
STREET ADDRESS *1852 White Heron Bay Circle*
CITY-ST-ZIP *Orl. FL 32824*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Anatol Sztepa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.04. (407)240-1338

Date

Daytime Phone #

CR2E034B (12/02)