

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90198 001 ***158.75

DOCUMENT # P00000009796

1. Entity Name

✓
PORTRAITS OF MEMORIES, INC.

Principal Place of Business

Mailing Address

14225 Hendry Court
Hudson, FL 34667

same

2. Principal Place of Business

7810 Sycamore Drive

3. Mailing Address

7810 Sycamore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

59-3635385

Applied For

Not Applicable

Zip

Country

34654

USA

Zip

Country

34654

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0069700

6. Name and Address of Current Registered Agent

Richard Avis
1325 Snell Boulevard
Suite 205C
St. Petersburg, FL 33704

7. Name and Address of New Registered Agent

Name

Arthur Faschan

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

7810 Sycamore Drive

City

New Port Richey

FL

Zip Code

34654

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

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

(NOTE: Registered Agent signature required when re-nesting)

DATE

4/24/01

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, 2001, 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☒ Delete
NAME Frank Allen
STREET ADDRESS 14225 Hendry Court
CITY-ST-ZIP Hudson, FL 34667

TITLE Secretary ☒ Delete
NAME Frank Allen
STREET ADDRESS 14225 Hendry Court
CITY-ST-ZIP Hudson, FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☐ Addition
NAME Arthur Faschan
STREET ADDRESS 7810 Sycamore Drive
CITY-ST-ZIP New Port Richey, FL 34654

TITLE Vice President ☒ Change ☐ Addition
NAME Gail Faschan
STREET ADDRESS 7810 Sycamore Drive
CITY-ST-ZIP New Port Richey, FL 34654

TITLE Secretary ☒ Change ☐ Addition
NAME Gail Faschan
STREET ADDRESS 7810 Sycamore Drive
CITY-ST-ZIP New Port Richey, FL 34667

TITLE Treasurer ☐ Change ☐ Addition
NAME Arthur Faschan
STREET ADDRESS 7810 Sycamore Drive
CITY-ST-ZIP New Port Richey, FL 34654

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

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

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:

Arthur Faschan **ARTHUR FASCHAN**

4/24/01

727-846-0196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)