

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90039 049 ***150.00

DOCUMENT # P01000000309

1. Entity Name
PICTURES PLUS ART, INC.



Principal Place of Business
**6727 CHERRY RD.
OCALA FL 34472**

Mailing Address
**6727 CHERRY RD.
OCALA FL 34472**

90005552



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

7048 MIDWAY TERRACE

Suite, Apt. #, etc.

Ste 301

City & State

Ocala FL

Zip

34472

Country

USA

3. Mailing Address

7048 Midway Terrace

Suite, Apt. #, etc.

Ste 301

City & State

Ocala FL

Zip

34472

Country

USA

4. FEI Number **59-3696379**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**INTERIAN, KAREN
6727 CHERRY RD.
OCALA FL 34472**

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **PD** ☐ Delete
NAME **INTERIGN, PEDRO C**
STREET ADDRESS **6727 CHERRY RD**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **VP** ☐ Delete
NAME **INTERION, KAREN**
STREET ADDRESS **6723 CHERRY RD**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pedro Interian** ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **7048 Midway Terrace Ste 301**
CITY-ST-ZIP **Ocala FL 34472**

TITLE **VP** ☒ Change ☐ Addition
NAME **Karen Interian**
STREET ADDRESS **7048 Midway Terrace Ste 301**
CITY-ST-ZIP **Ocala FL 34472**

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Interian

1/16/03

(352)680-9100

Date

Daytime Phone #

CR2E034 (10/02)