

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90098 050 ***150.00

DOCUMENT # P02000034736



1. Entity Name
PICTURIFIC SCRAPBOOKING, INC.

Principal Place of Business
2617 E BRANDON BLVD SR 60 EAST
VALRICO FL 33594

Mailing Address
2617 E BRANDON BLVD SR 60 EAST
VALRICO FL 33594



2. Principal Place of Business
2617 SR 60 EAST
Suite, Apt. #, etc.
VALRICO FL
City & State
FLORIDA

3. Mailing Address
2617 SR 60 EAST
Suite, Apt. #, etc.
VALRICO
City & State
FLORIDA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **Applied For**
☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent
SCOTT, LORETTA J
2617 E BRANDON BLVD
VALRICO FL 33594

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 *Loretta J. Scott* **(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LORETTA		NAME		
STREET ADDRESS	3006 FOREST CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	33566	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERINGTON, STACEY		NAME		
STREET ADDRESS	406 MAGNOLIA AVE		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Loretta J. Scott* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-5-03** **8136550771** **Daytime Phone #**

CR2E034 (10/02)