## 2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P02000123940  1. Entity Name CLASSIO MAGES BY ROBERT INC.							Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90152 014 ***150.00		
CLASSIC	IMAGES BY ROBERT, INC			ļ					
Principal Place of Business 919 68TH STREET N.W. BRADENTON FL 34209		Mailing Address 919 68TH STREET N.W. BRADENTON FL 34209							
2. Principal P	Place of Business	3. Mailing Address				{			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State	e	City & State					FEI Number Applied For 2–3886655 Not Applicable		
Zip Country		Zip		Country			Certificate of Status Desired		
	6. Name and Address of Current	Register	ed Agent		<del></del>		7. N	lame and Address of New Registered Agent	
		<u> </u>			Name				
HAWKINS, JOHN D 1023 MANATEE AVENUE WEST					Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34205				City Zip Code					
<u> </u>					City FL Zip Code				
	Signature, typed or printed name of registered agent a	and title if ap	plicable. (NOTE:	Registered	Agent signatu	re required v	vhen reii	9. Election Campaign Financing \$5.00 May Be	
	r May 1, 2003 Fee will be \$550.00 c Payable to Flogda Department of	State					Ì	Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11.				DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	MINUTELLO, ROBERT		☐ Delete	NAME			te1	Change Addition	
STREET ADDRESS 919 68TH STREET N.W. DITY-ST-ZIP BRADENTON F 34209			<b>.</b>		et address st-zip			th Street N.W.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete RUBIN-MINUTELLO, MARCIA S 919 68TH STREET N.W. BRADENTON FL 34209				D/V/T Rubin-Minutello, Marcia S. 919 68th Street N.W. Bradenton, FL 34209				
TITLE			Delete	TITLE	- " •			☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	)	-11			et address ST-zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	t address St-zip		•	☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip			☐ Delete		tt address St-zip	-	•••	☐ Change ☐ Addition	
TITLE NAME			☐ Delete	TITLE	T ADDRESS			☐ Change ☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP