2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

KOBERT

DOCUMENT # **P96000004930** May 03, 2000 8:00 am Secretary of State 1. Entity Name PICTURE WAREHOUSE OF SARASOTA, INC. 05-03-2000 90114 035 ***150.00 Principal Place of Business Mailing Address 8660 S TAMIAMI TRAIL SUITE C 8660 S TAMIAMI TRAIL SUITE C SARASOTA FL 34238-3033 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address 6062 TRY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. UNIT 501 City & State Applied For City & State 4. FEI Number 65-0633905 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALINCHAK, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 6062 TAYLOR RD **UNIT 501** NAPLES FL 34109 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE □ Delete TITLE Change ☐ Addition COMERIATO, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 1912 PRINCESS COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Delete Change ☐ Addition TITLE TITLE PALINCHAK, STEPHEN L NAME NAME STREET ADDRESS STREET ADDRESS 2255 IMPERIAL GOLF COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Addition Delete TITLE ALVO, DANIEL 6201 METED PLANTATION ROAD DANIEL, ALVO NAME NAME STREET ADDRESS 14941 BALD EAGLE DRIVE STREET ADDRESS FT MyERS, FL 33912 CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not callify 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 of susciences where the security is an effect of the corporation of the corporation of the receiver of susciences with the production of the security o of the corporation or the receiver changed, or on an attachment y

OF SIGNAL OFFICER OR DIRECTOR