

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90153 003 ***150.00

0500653 AV

DOCUMENT # P96000004930

1. Entity Name

PICTURE WAREHOUSE OF SARASOTA, INC.

Principal Place of Business

**8660 S TAMiami TRAIL SUITE C
 SARASOTA FL 34239**

Mailing Address

**6062 TAYLOR RD.
 UNIT 501
 NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0633905

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALINCHAK, STEPHEN L
 6062 TAYLOR RD
 UNIT 501
 NAPLES FL 34109**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
**SD
 COMERIATO, ROBERT S
 1912 PRINCESS CIR
 NAPLES FL 34110**

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

TITLE NAME ☐ Delete
**VPDT
 PALINCHAK, STEPHEN L
 2255 IMPERIAL GOLF COURT
 NAPLES FL 34109**

TITLE NAME ☒ Change ☐ Addition
**VPDT
 PALINCHAK, STEPHEN L.
 2255 IMPERIAL GOLF COURSE BLVD.
 NAPLES, FL 34110**

TITLE NAME ☐ Delete
**SD
 DANIEL, ALVO
 6201 METRO PLANTATION RD
 FT MYERS FL 33912**

TITLE NAME ☒ Change ☐ Addition
**SD
 ALVO, DANIEL
 13220 CORBEL CIRCLE, APT. 1014
 FT. MYERS, FL 33907**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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.

ROBERT S. COMERIATO

SIGNATURE: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02 1-239-598-3207

CR2E034 (9/01)