## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P96000012672** PICTURE PERFECT OF THE PALM BEACHES, INC. 04-27-2001 90294 025 \*\*\*158.75 Principal Place of Business Mailing Address 400 SOUTH K STREET 406 SOUTH K STREET <del>LAKE WORTH FL 33460</del> LAKE WORTH FL 33460 646071 2. Principal Place of Business 3. Mailing Address 418 South STREET 418 Sec Th H STREET Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0640256 FL AKE WORTH FL AKE WORTH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired PALM PALM BEACH 33460 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUPUIS, PATRICK Street Address (P.O. Box Number is Not Acceptable) 412 SOUTH "H" STREET LAKE WORTH FL 33460 City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change DUPUIS, PATRICK NAME STREET ADDRESS 1301 SOUTH FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33460 TITLE ☐ Delete VICE PRESIDENT TITLE VEGA , DALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change \_\_\_ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-7(P 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.

CR2E034 (10/00)