

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90357 026 ***150.00

DOCUMENT # **pa7000020613**

1. Entity Name

PICTURE TRANSFERS, INC

Principal Place of Business

Mailing Address **(SAME)**

**1203 LAKE POINTE LANE
 PLANTATION FL 33322**

845178

2. Principal Place of Business

3. Mailing Address

1203 LAKE POINTE

1203 LAKE POINTE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LANE

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION FL

City & State
PLANTATION FL

4. FEI Number **65-0837868**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33322

USA

33322

USA

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

**PETER DALBY
 1203 LAKE POINTE LANE
 PLANTATION FL 33322**

Name **PETER DALBY**

Street Address (P.O. Box Number is Not Acceptable)

1203 LAKE POINTE LANE

City **PLANTATION**

FL

Zip Code **33322**

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

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

PETER DALBY DIRECTOR

4/27/01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

Peter Dalby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER DALBY

4/27/01 (954) 472-6447

Date

Daytime Phone #

CR2E034 (11/00)