2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000022549 **DOCUMENT #**

1. Entity Name





FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90114 023 ***150.00

THE PICTURE FACTORY, INC.

Principal Place of Business 1860 J & C BLVD NAPLES FL 34109

Mailing Address 1860 J & C BLVD NAPLES FL 34109

2. Principal Place of Business 3. Mailing Address 2320 Vanderbilt Beach C 2320 Vanderbilt Beach Ro Suite, Apt. #, etc. Suite, Apt. #, etc.



M CHECK HERE IF MAKING CHANGES

City & Stat	_		City & State			4. 1	FEI Num	^{nber} 6!	5-074110	64		1	oplied For	
Naple	5F	الر	Napies	<u> </u>								Nc	ot Applicable	
34109		Country U.SA	34109		Country	5. (Certifica	ate of Sta	tus Desire	d 🗆		8.75 Addee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
					Name_									
MORRISON, DAVID N ESQ						Street Address (P.O. Box Number is Not Acceptable)								
MORRISON & CONROY, P.A.					SileerA	Silicet Address (F.O. Box Number is Not Acceptable)								
3838 TAM	IIAMI TRAIL	NORTH, SUITE 402	2											
NAPLES F		, , , , , , , , , , , , , , , , , , , ,	-									T = -		
14A1 LEG 1 E 04100						City FL Zip Code							e	
	tions of registe			hanging its re	egistered office or	registered age	ent, or b	ooth, in th	ne State of			niliar with,	and accept	
	Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: I	Registered Agent signati	ure required when re	ainstating)			DA	ATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Campaign d Contribu	•	, 		0 May Be d to Fees	
10.		OFFICERS A	ND DIRECTORS		11.	AD	DITION	IS/CHAN	GES TO C	FFICERS	AND D	RECTOR	S IN 11	
TITLE	CD			Delete	TITLE	D						Change	Addition	
NAME	CISKIE, R	oger d			NAME	7508	بسهد	, SK	ιP	ا مدا			•	
STREET ADDRESS		TS RUN #204			STREET ADDRESS									
CITY-ST-ZIP	NAPLES F	L 34108			CITY-ST-ZIP	Napl	es	<u>FL</u>	3410	9				
TITLE	VD			Delete	TITLE		,] Change	☐ Addition	
NAME		ARK-CLARK			NAME									
STREET ADDRESS		LE HATCH LANE			STREET ADDRESS									
CITY-ST-ZIP	NAPLES F	L 34103			CITY-ST-ZIP									
TITLE	`P' :			Delete	TITLE] Change	Addition	
NAME	CISKIE, S				NAME									
STREET ADDRESS		ATO COURT			STREET ADDRESS									
CITY-ST-ZIP	NAPLES F	L 34109			CITY-ST-ZIP									
TITLE				Delete	TITLE] Change	Addition	
NAME					NAME									
STREET ADDRESS					STREET ADDRESS									
CITY-ST-ZIP			<u>_</u>		CITY-ST-ZIP						<u>-</u>			
TITLE				Detete	TITLE							Change	☐ Addition	
NAME					NAME									
STREET ADDRESS (CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP									
												7.05		
TITLE			U	Delete	TITLE						L] Change	☐ Addition	
NAME expect andress					NAME STREET ADDRESS								ı	
STREET ADDRESS CITY-ST-ZIP	}				STREET ADDRESS CITY-ST-ZIP									
5.11 O7 ZII					OTT 01-211									

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.

SIGNATURE:

239-592-1966