

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90424 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000053629			
1. Entity Name JUST PICTURE THIS, INC.			
Principal Place of Business 36 9TH ST., S. NAPLES, FL 34102		Mailing Address 1809 COLONIAL BLVD FORT MYERS, FL 33907	
2. Principal Place of Business		3. Mailing Address 8695 College Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 205	
City & State		City & State Ft. Myers, FL	
Zip	Country	Zip	Country
33919	U.S.	33919	U.S.
5. Name and Address of Current Registered Agent DELLUTRI, CARMEN 1809 COLONIAL BLVD FORT MYERS, FL 33907		4. FEI Number 65-0764171	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name Gilman Gioia Attn: Pat Hessel			
Street Address (P.O. Box Number is Not Acceptable) 8695 College Pkwy Suite 205			
City Ft. Myers		FL Zip Code 33919	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		PATRICIA K. HESSEL DATE 4/29/03	
FILED WITH FEES \$150.00 Any May 1, 2003 Fee will be \$150.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BUCKNER, ANDREW P 20881 WILDCAT QUN DR- #208 ESTERO, FL 33928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUCKNER, OLGA S 20881 WILDCAT QUN DR- #208 ESTERO, FL 33928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCKNER, MARY E 6168 A PRINCIPIA DRIVE FT. MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		04/29/03 239-6175554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)