

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084674

1. Entity Name

PICTURESQUE IMPRESSIONS, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90125 049 ***150.00

Principal Place of Business

Mailing Address

2720 B NORTH HARBOR CITY BLVD
MELBOURNE FL 32935
US

2720 B NORTH HARBOR CITY BLVD
MELBOURNE FL 32935-6223
US

2. Principal Place of Business

751 NORTH DRIVE

3. Mailing Address

751 NORTH DRIVE

Suite, Apt. #, etc.

UNIT 8

Suite, Apt. #, etc.

UNIT 8

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32934

Country

Zip

32934

Country

4. FEI Number

59-3472283

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

VARNEY, JOHN
725 BROOKSIDE DR
IDIALANTIC FL 32903

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHN VARNEY
DIRECTOR

20 APR, 00

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, 2000 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	DC	<input type="checkbox"/> Delete
NAME	VARNEY, JOHN	
STREET ADDRESS	2720-B NORTH HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VARNEY, MAURA	
STREET ADDRESS	2720-B N HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNEY, JOHN	
STREET ADDRESS	751 NORTH DRIVE, UNIT 8	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNEY, MAURA	
STREET ADDRESS	751 NORTH DRIVE, UNIT 8	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN VARNEY, Director

20 APR '00, 321 757 0820