

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90403 039 ***150.00

DOCUMENT # P97000084674

1. Entity Name
PICTURESQUE IMPRESSIONS, INC.



Principal Place of Business
**432 LAKE VICTORIA CIRCLE
MELBOURNE, FL 32940 US**

Mailing Address
**432 LAKE VICTORIA CIRCLE
MELBOURNE, FL 32940 US**

2. Principal Place of Business
3 COLONIAL WAY
Suite, Apt. #, etc.

3. Mailing Address
3 COLONIAL WAY
Suite, Apt. #, etc.

City & State
INDIAN HARBOUR BEACH, FL
Zip
32937
Country

City & State
INDIAN HARBOUR BEACH, FL
Zip
32937
Country



☒ CHECK HERE IF MAKING CHANGES

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

**VARNEY, JOHN
432 LAKE VICTORIA CIRCLE
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3 COLONIAL WAY
City
INDIAN HARBOUR BEACH FL Zip Code
32937

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 *John Varney* **JOHN VARNEY** **14 APRIL 2003**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE

FILE NOW!!! FEE IS \$180.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VARNEY, JOHN 432 LAKE VICTORIA CIRCLE MELBOURNE, FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARNEY, MAURA 432 LAKE VICTORIA CIRCLE MELBOURNE, FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VARNEY, JOHN 3 COLONIAL WAY INDIAN HARBOUR BEACH, FL 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARNEY, MAURA 3 COLONIAL WAY INDIAN HARBOUR BEACH, FL 32937	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(1), 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: *John Varney* **JOHN VARNEY** **14 AUG 2003 321777-9701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)