

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092900

1. Entity Name

THE PICTURE WORLD, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90140 016 ***150.00

Principal Place of Business

918 N.E. 24TH LANE UNITS 1 & 2
CAPE CORAL FL 33909

Mailing Address

1907 SE 35 ST
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0795332**

Applied For:

Not Application

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

SOYKE, GISELA
918 N.E. 24TH LANE UNITS 1 & 2
CAPE CORAL FL 33909

Name **GISELA SOYKE**
Street Address (P.O. Box Number is Not Acceptable)
1907 S.E. 35 ST
City **CAPE CORAL** Zip Code **33904**

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 *Gisela Soyke (GISELA SOYKE)* *Gisela Soyke* **4-22-01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-instating) DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOYKE, GISELA 918 N.E. 24TH LANE UNITS 1 & 2 CAPE CORAL FL 33909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERLICH, WALDEMAR 918 NE 24TH LANE, UNITS 1 & 2 CAPE CORAL FL 33909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gisela Soyke (GISELA SOYKE)* **4-22-01** **941-540-0638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)