

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000568

1. Entity Name

PICTURE WAREHOUSE OF ORLANDO, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90114 036 ***150.00

Principal Place of Business

6062 TAYLOR ROAD
UNIT 501
NAPLES FL 34109

Mailing Address

6062 TAYLOR ROAD
UNIT 501
NAPLES FL 34109-1835

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

65-0804158

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

COMERIATO, ROBERT S
6062 TAYLOR ROAD
UNIT 501
NAPLES FL 34109

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

(NOTE: Registered Agent signature required when reinstating)

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, 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	DP	<input type="checkbox"/> Delete
NAME	COMERIATO, ROBERT S	
STREET ADDRESS	1912 PRINCESS COURT	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PALINCHAK, STEPHEN L	
STREET ADDRESS	2255 IMPERIAL GOLF COURSE BLVD.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ALVO, DANIEL	
STREET ADDRESS	14941 BALD EAGLE DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEYMOUR, BARRY	
STREET ADDRESS	P.O. BOX 33, MAISON TRINITY, TRINITY SQ.	
CITY-ST-ZIP	ST. PETER PORT GUERNSEY CH.IS GY14A-T	
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"/> 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	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVO, DANIEL	
STREET ADDRESS	6201 MITA PLANTATION ROAD	
CITY-ST-ZIP	FT MYERS FL 33912	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] x 4/24/00 x 1-941-598-3207
Date Daytime Phone #

CR2E034 (9/99)