

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020060

1. Entity Name

PRICELESS PORTRAITS, INC.

Principal Place of Business

P.O. BOX 330  
OLDSMAR FL 34677-0330

Mailing Address

P.O. BOX 330  
OLDSMAR FL 34677-0330

2. Principal Place of Business

7620 Gunn Hwy

Suite, Apt. #, etc.

Ste 160

City & State

TAMPA FL

Zip

33625

Country

3. Mailing Address

7620 Gunn Hwy

Suite, Apt. #, etc.

Ste 160

City & State

TAMPA FL

Zip

33625

Country

6. Name and Address of Current Registered Agent

BRADY, KELLY M  
12804 TWIN BRANCH ACRES RD.  
TAMPA FL 33626

7. Name and Address of New Registered Agent

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

TITLE P  
NAME BRADY, KELLY M  
STREET ADDRESS 12804 TWIN BRANCH ACRES RD  
CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

TITLE VP  
NAME LOWE, CYNDI  
STREET ADDRESS 7333 HALIFAX  
CITY-ST-ZIP TAMPA FL ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Kelly M Brady  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00  
Date

813 926 4700  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90118 043 \*\*\*150.00