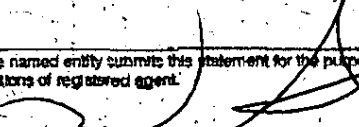


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91838 007 ***158.75

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

DOCUMENT # P98000062107			
1. Entity Name MICHEL SABOURIN PORTRAIT DESIGN, INC.			
Principal Place of Business 2125 S. US HWY ONE JUPITER, FL 33477		Mailing Address 2125 S. US HWY ONE JUPITER, FL 33477	
2. Principal Place of Business 2119 S. US HWY ONE Suite, Apt. #, etc.		3. Mailing Address 2119 S. US HWY ONE Suite, Apt. #, etc.	
City & State JUPITER, FLORIDA Zip 33477 Country USA		City & State JUPITER, FLORIDA Zip 33477 Country USA	
4. FEI Number 65-0850677		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SABOURIN, MICHEL 2125 S. US HWY ONE JUPITER, FL 33477		7. Name and Address of New Registered Agent Name SABOURIN, MICHEL Street Address (P.O. Box Number is Not Acceptable) 2119 S. US HWY ONE City JUPITER FL Zip Code 33477	
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 		DATE 4/23/03	
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABOURIN, MICHEL 2125 S. US HWY ONE JUPITER, FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2119 S. US HWY ONE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 		MICHEL SABOURIN 4/23/03 (56) 747-3575	

C32E334 (10/02)