

2000 UNIFORM BUSINESS REPORT. (UBR)

DOCUMENT # P99000001266

1. Entity Name

THE PICTURE FACTORY OF FT. MYERS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

02-26-2000 90035 023 ***150.00

Principal Place of Business Mailing Address
533 TURTLE HATCH LANE 533 TURTLE HATCH LANE
NAPLES FL 34102 NAPLES FL 34103-8538

2. Principal Place of Business 3. Mailing Address
15701 SO. TAMiami TRAIL 15701 SO. TAMiami TRAIL
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. MYERS FL FT. MYERS FL
Zip Country Zip Country
33908 USA 33908 USA

4. FEI Number Applied For
65-0741164 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

CISKIE, ROGER D
970 EGRETS RUN #201
NAPLES FL 34018
Name MORRISON, DAVID NESQ
Street Address (P.O. Box Number is Not Acceptable)
MORRISON & CONROY, P.A.
3838 TAMiami TRAIL NORTH, SUITE 402
City NAPLES FL Zip Code 34103

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 *David Morrison* 2/12/2000
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. ☐ 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	PD	<input type="checkbox"/> Delete	TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISKIE, ROGER D		NAME	CISKIE, ROGER D	
STREET ADDRESS	970 EGRETS RUN #201		STREET ADDRESS	970 EGRETS RUN #201	
CITY-ST-ZIP	NAPLES FL 34018		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, MARK C		NAME		
STREET ADDRESS	533 TURTLE HATCH LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE CISKIE		NAME	STEVE CISKIE	
STREET ADDRESS	4386 NOVATO CT.		STREET ADDRESS	4386 NOVATO CT.	
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Steve Ciskie* 2/4/00 (941) 592-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Steve Ciskie STEVE CISKIE 3/21/00 941-592-1960

CR2E034 (9/99)