

FILED
Mar 07, 2003 8:00 am
Secretary of State

01-30-2003 90137 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000001266

1. Entity Name
THE PICTURE FACTORY OF FT. MYERS, INC.



Principal Place of Business
15701 SOUTH TAMiami TRAIL
FORT MYERS FL 33908

Mailing Address
15701 SOUTH TAMiami TRAIL
FORT MYERS FL 33908

2. Principal Place of Business
The Picture Factory
Suite, Apt. #, etc.

3. Mailing Address
2320 VANDERBILT BEACH ROAD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0741164

Applied For
Not Applicable

Zip Country

Zip Country

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

MORRISON, DAVID ESQ.
C/O MORRISON & CONROY, P.A.
3838 TAMiami TRAIL NORTH SUITE 402
NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME CISKE, ROGER D
STREET ADDRESS 970 EGRETS RUN #201
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE VSD
NAME BATES, MARK C
STREET ADDRESS 533 TURTLE HATCH LANE
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE P
NAME CISKE, STEVE
STREET ADDRESS 4386 NOVATO COURT
CITY-ST-ZIP NAPLES FL 34109 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHIEF FINANCIAL OFFICER
NAME MURROW SAMUEL
STREET ADDRESS 2320 VANDERBILT BEACH ROAD
CITY-ST-ZIP NAPLES FL 34119 ☐ 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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other the empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-03 239 581966
Date Daytime Phone #

CR2E034 (10/02)