

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 010 ***150.00

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DOCUMENT # P99000032653

1. Entity Name
PICASSO'S OF JUNO BEACH, INC.



Principal Place of Business
**13205 US HWY ONE, #114
JUNO BEACH FL 33408**

Mailing Address
**13205 US HWY ONE, #114
JUNO BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

**15 COLONIAL CLUB DRIVE
#301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOYNTON BEACH FL.

4. FEI Number **65-0907565**

Applied For
Not Applicable

Zip

Country

Zip

Country

33435

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, WILLIAM R
13205 US HWY ONE, #114
JUNO BEACH FL 33408**

Name **BURNS, CAROL**

Street Address (P.O. Box Number is Not Acceptable) **15 COLONIAL DRIVE #301**

City **BOYNTON BEACH** FL Zip Code **33435**

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)

7/15/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV
BURNS, WILLIAM R
3612 DIANE DRIVE
BOYNTON BEACH FL 33435** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV
BURNS, CAROL
15 COLONIAL DRIVE
BOYNTON BEACH, FL 33435** ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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)(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 like empowered.

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

7/15/03 (561)624 0004
Date Daytime Phone #

CR2E034 (4/03)