2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088262

1. Entity Name

PICTURES AND MIRRORS INTERNATIONAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90280 045 ***150.00

Principal Place of Business	Mailing Address
3337 BARTLETT BOULEVARD	3337 BARTLETT BOULEVARD
ORLANDO FL 32811	ORLANDO FL 32811-6428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2100 PRINCIPAL Row
Suite, Apt. #, etc.
402
City & State
ORLANDO, FL
Zip 32837 Country USA

3. Mailing Address
2100 PRINCIPAL Row
Suite, Apt. #, etc
402
City & State
ORLANDO, FL
Zip 32837 Country USA

4. FEI Number | Applied For | ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

KIBLER, ROBERT
3337 BARTLETT BOULEVARD
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name KIBLER, ROBERT
Street Address (P.O. Box Number is Not Acceptable)
2100 PRINCIPAL Row
SUITE 402
City ORLANDO FL Zip Code 32837

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]_ ROBERT KIBLER 4/17/00
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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PSTD** NAME **KIBLER, ROBERT** STREET ADDRESS **3337 BARTLETT BOULEVARD** CITY-ST-ZIP **ORLANDO FL 32811**	☐ Delete	TITLE **PSTD** NAME **KIBLER, ROBERT** STREET ADDRESS **2100 PRINCIPAL ROW Suite 402** CITY-ST-ZIP **ORLANDO, FL 32837**	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _[signature]_ ROBERT KIBLER 4/17/00 407-435-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #