

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S94168**1. Entity Name  
LASTING IMPRESSIONS PICTURE SOAP, INC.

Principal Place of Business	Mailing Address
6405 CONGRESS AVE	6405 CONGRESS AVE
STE 160	STE 160
BOCA RATON FL	BOCA RATON FL
33487 US	33487 US

2. Principal Place of Business	3. Mailing Address
6401 CONGRESS AVE	6401 CONGRESS AVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 175	STE 175

City & State	City & State
BOCA RATON FL	BOCA RATON FL

Zip	Country	Zip	Country
33487	US	33487	US

4. FEI Number	Applied For
65-0301671	Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

STOLL, JOANNE F.  
6405 CONGRESS AVE  
STE 160  
BOCA RATON FL  
33487 US

**7. Name and Address of New Registered Agent**

Name  
STOLL, JOANNE F.  
Street Address (P.O. Box Number is Not Acceptable)  
6401 CONGRESS AVE  
STE 175  
City  
BOCA RATON FL Zip Code  
33487

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 \_\_\_\_\_ 04/05/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	STOLL, JOANNE F.	
STREET ADDRESS	5692-C FOX HOLLOW DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLL, JOANNE F.	
STREET ADDRESS	17619 TIFFANY TRACE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: JOANNE F. STOLL****PRES 04/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)