

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90241 047 ***150.00

DOCUMENT # V68960

1. Entity Name
PICTURE WAREHOUSE, INC.



Principal Place of Business
**6062 TAYLOR ROAD
UNIT 501
NAPLES FL 34109**

Mailing Address
**6062 TAYLOR ROAD
UNIT 501
NAPLES FL 34109**



2. Principal Place of Business

2700 IMMOKALEE ROAD

3. Mailing Address

15495 TAMiami TRAIL N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

Zip

34110

Country

U.S.A.

Zip

34110

Country

U.S.A.

4. FEI Number

65-0362758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PALINCHAK, STEPHEN L.
6062 TAYLOR ROAD
UNIT 501
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **STEPHEN L PALINCHAK**

Street Address (P.O. Box Number is Not Acceptable)

15495 TAMiami TRAIL N #121

City **NAPLES**

FL

Zip Code **34110**

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

STEPHEN L. PALINCHAK

2-10-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **COMERIATO, ROBERT S.**
STREET ADDRESS **1912 PRINCESS CT**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPDT** ☐ Delete
NAME **PALINCHAK, STEPHEN L.**
STREET ADDRESS **2255 IMPERIAL GOLF COURSE BLVD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ALVO, DANIEL**
STREET ADDRESS **13220 CORBEL CIR APT 1014**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **COMERIATO, NANCY R**
STREET ADDRESS **1912 PRINCESS CT**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PALINCHAK, CAROLE A**
STREET ADDRESS **2255 IMPERIAL GOLF COURSE BLVD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-12-03

1-239-598-3207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. COMERIATO

Daytime Phone #

CR2E034 (10/02)