

6/25/

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90439 043 \*\*\*\*61.25

**DOCUMENT # 723743**

1. Entity Name  
**LAS DAMAS DE ARTE, INC.**

Principal Place of Business      Mailing Address  
P.O. BOX 14212      P.O. BOX 14212  
TAMPA FL 33690      TAMPA FL 33690  
US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

4. FEI Number      Applied For  
**59-3182355**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SILVERMAN, SCOTT T**  
**201 EAST KENNEDY BOULEVARD**  
**SUITE 800**  
**TAMPA FL 33802**

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JACOBSON, RENA</b> <b>4202 SYLVAN RAMBLE STREET</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BRONSON, KIMBERLY</b> <b>513 N BEVERLY</b> <b>TAMPA FL 33609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DIETZ, MARY</b> <b>3017 W EUCLID</b> <b>TAMPA FL 33609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <b>SELITTO, JACQUELINE</b> <b>751 - 39TH AVENUE NORTH</b> <b>ST. PETERSBURG FL 33703</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <b>KOCH, JANA</b> <b>4911 ANDROS</b> <b>TAMPA FL 33609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Jacqueline Selitto</b> <b>751 39th Ave, North</b> <b>St. Petersburg, FL 33703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Debra Jo Radke</b> <b>3107 Emerson</b> <b>TAMPA, FL 33679</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Irene Potter</b> <b>420 S. Matanzas Ave.</b> <b>Tampa, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Carol Harding</b> <b>324 Sea Island Way</b> <b>Tampa, FL 33602</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Recording Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Donna Morrison</b> <b>4407 Watrous Ave</b> <b>Tampa, FL 33629</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Corresponding Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:** *S. Potter*      6/17/02      813-877-1675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)