

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K97138

1. Entity Name

ART STRUCTURES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90127 030 \*\*\*150.00

Principal Place of Business  
1460 BELTREES  
SUITE 9  
DUNEDIN FL 34698  
US

Mailing Address  
1460 BELTRESS  
SUITE 9  
DUNEDIN FL 34698-8353  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1765 CARNEGIE AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1765 CARNEGIE AVE  
Suite, Apt. #, etc.

City & State  
CLEARWATER, FLORIDA

City & State  
CLEARWATER, FLORIDA

Zip  
33756

Country  
USA

Zip  
33756

Country  
USA

4. FEI Number 59-2957043

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BRADLEY, JAMES  
1460 BALTRESS  
SUITE 9  
DUNEDIN FL 34698

Name  
BRADLEY, JAMES

Street Address (P.O. Box Number is Not Acceptable)  
1765 CARNEGIE AVE

City  
CLEARWATER

FL

Zip Code  
33756

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 James E. Bradley - JAMES E. BRADLEY 3-20-00

Signature, typed or printed name of registered agent and title is 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADLEY, JAMES		NAME		
STREET ADDRESS	2533 DOLLY BAY #202		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADLEY, JUDITH		NAME		
STREET ADDRESS	2533 DOLLY BAY DR #202		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORABITO, PAIGE N		NAME	PAIGE N. MORABITO	
STREET ADDRESS	214 N FRANKLIN ST		STREET ADDRESS	880 S. YORK DRIVE	
CITY-ST-ZIP	WEST CHESTER PA		CITY-ST-ZIP	DOWNTOWN, PA. 19335	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADLEY, SHAYNE		NAME	SHAYNE P. BRADLEY	
STREET ADDRESS	7509 VANCORVER MALL DR A-5		STREET ADDRESS	13514 134TH PLACE N.E.	
CITY-ST-ZIP	VANCORVER WA		CITY-ST-ZIP	WOODINGVILLE, WASHINGTON 98072	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORABITO, DONALD V.		NAME	DONALD V. MORABITO	
STREET ADDRESS	214 N FRANKLIN ST		STREET ADDRESS	880 S. YORK DRIVE	
CITY-ST-ZIP	WEST CHESTER PA		CITY-ST-ZIP	DOWNTOWN, PA. 19335	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: James E. Bradley - JAMES E. BRADLEY 3-20-00 727-585-2700

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)