

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90994 042 ***150.00

CR2E034 (10/02)

DOCUMENT # P00000029993

1. Entity Name
SUE APPLETON'S WALLS OF ART, INC.



Principal Place of Business
**2416 E. EDGEWATER DR.
PALM BEACH GARDENS FL 33410**

Mailing Address
**2416 E. EDGEWATER DR.
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business
18841 SE Old Trail Dr
Suite, Apt. #, etc.

3. Mailing Address
18841 SE Old Trail Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Jupiter FL

City & State
Jupiter FL

Zip
33478

Country
MARTIN

4. FEI Number **65-0991165**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**APPLETON DAYTON, SUE
2416 E. EDGEWATER DR.
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent
Name **Appleton-DAYTON, Sue**
Street Address (P.O. Box Number is Not Acceptable) **18841 SE Old Trail Dr**
City **Jupiter** State **FL** Zip **33478**

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 *Sue Appleton Dayton* DATE **3/31/03**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete APPLETON DAYTON, SUE 2416 E EDGEWATER DR PALM BEACH GARDENS FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Appleton DAYTON SUE 18841 SE Old Trail DR Jupiter FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 like empowered.

SIGNATURE: *Sue Appleton Dayton* DATE: **3/31/03** 561 746 3546

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