

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57572

1. Entity Name

ART GARRETT REALTY, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90157 029 \*\*\*150.00

701722



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

132 FAIRVIEW RD  
MARIANNA FL 32448  
US

132 FAIRVIEW RD  
MARIANNA FL 32448-7170  
US

2. Principal Place of Business

132 Fairview Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Marianna FL

City & State

Zip 32448

Country

Country

4. FEI Number

59-2994487

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

GARRETT, JAMES H. GARRETT  
3624 SEMINOLE LN  
132 FAIRVIEW RD  
MARIANNA FL 32448

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

Signature, typed or printed name of registered agent and title if 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 P  
NAME GARRETT, JAMES H  
STREET ADDRESS 3624 SEMINOLE LN  
CITY-ST-ZIP MARIANNA FL 32448 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 H. Garrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 08, 2000*  
Date

*1-850-579-2656*  
Daytime Phone #

CR2E034 (9/99)