

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90014 034 ***150.00

DOCUMENT # V66529

Entity Name
ABORIGINAL ART COLLECTOR, INC.

Principal Place of Business JUPITER COURT FL 33458	Mailing Address 6674 LAKELAND CT. JUPITER FL 33458-3756 US
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0.24-0-1



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1042 EAST 9TH ST. Suite, Apt. #, etc. STUART	3. Mailing Address 1042 EAST 9TH ST. Suite, Apt. #, etc.
City & State STUART FL	City & State STUART FL
Zip 34996 Country	Zip 34996 Country

4. FEI Number 65-0353886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
POSNER, MICHAEL J.
1555 PALM BCH LKS BLVD
STE 1000
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME D WRIGHT, DIANE M. STREET ADDRESS 6674 LAKELAND CT CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D WRIGHT, DAVID R. STREET ADDRESS 6674 LAKELAND CT CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Diane M. Wright 3/9/00 (561) 220-9591
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)