

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N48931**

1. Entity Name

**THE ART GUILD OF PONCE INLET, INC.****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90193 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4670 S PENINSULA DR.  
PONCE INLET FL 32127  
USPO BOX 238414  
ALLANDALE FL 32123-8414  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3131891

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

HANSEN, MARY D  
STORCH, HANSEN & MORRIS P.A.  
1620 S CLYDE MORRIS BLVD., S-300  
DAYTONA BCH. FL 32119

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ROSE, KUSHIGAN  
STREET ADDRESS 119 RAINS CT  
CITY-ST-ZIP PONCE INLET FL 32127 ☒ DeleteTITLE PD  
NAME KEVRA, DORIS  
STREET ADDRESS 4512 NETTLE CREEK CT  
CITY-ST-ZIP PORT ORANGE, FL. 32127 ☒ Change ☐ AdditionTITLE VD  
NAME KEVRA, DORIS  
STREET ADDRESS 4512 NETTLE CREEK CT  
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ DeleteTITLE VP  
NAME SKARB, PAT  
STREET ADDRESS 707 CENTRAL PARK, BLVD  
CITY-ST-ZIP PORT ORANGE, FL. 32127 ☒ Change ☐ AdditionTITLE SD  
NAME CAMPBELL, CHARLOTTE MAY  
STREET ADDRESS 4012 S PENINSULA DR  
CITY-ST-ZIP WILBER BY THE SEA FL 32127 ☒ DeleteTITLE SD  
NAME DEPEW, SHIRLEY  
STREET ADDRESS 520 CENTRAL PARK, BLVD  
CITY-ST-ZIP PORT ORANGE, FL 32127 ☒ Change ☐ AdditionTITLE TD  
NAME FINOCCHIARO, KATHY  
STREET ADDRESS 105 OCEAN AIR TERRACE SOUTH  
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ DeleteTITLE TD  
NAME STEPHENSON, ESTHER  
STREET ADDRESS 722 CENTRAL PARK BLVD.  
CITY-ST-ZIP PORT ORANGE, FL. 32127 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DORIS KEVRA  
Doris Kevra, Pres. 788-9805

CR2E037 (9/01)