

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 370319

1. Entity Name

THREE ARTS PRODUCTIONS, INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90197 003 \*\*\*150.00

Principal Place of Business  
25 NORTH PINEAPPLE AVENUE  
SARASOTA FL 34236

Mailing Address  
25 NORTH PINEAPPLE AVENUE  
SARASOTA FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1562038

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

SHEA, JOHN J. J  
720 S ORANGE AVE  
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TUROFF, ROBERT  
STREET ADDRESS 25 NO PINEAPPLE AVE  
CITY-ST-ZIP SARASOTA, FL 00000

☐ Delete

TITLE D  
NAME TUROFF, BENJAMIN M.  
STREET ADDRESS 25 N. PINEAPPLE AVE.  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE VP  
NAME TUROFF, ROBERTA  
STREET ADDRESS 25 NORTH PINEAPPLE AVE.  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE VP  
NAME SUPLEE, T. RAYMOND(ASST)  
STREET ADDRESS 1770 WOOD STREET  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE D  
NAME TUROFF, KYLE E.  
STREET ADDRESS 25 N. PINEAPPLE AVE.  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE D  
NAME ANTOLIK, FELICIA  
STREET ADDRESS 25 N. PINEAPPLE AVE.  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/30/03

Date

941-366-2646

Daytime Phone #

CR2E034 (10/02)