, 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 741151

FILED Apr 28, 2003 8:00 am secretary of State

SARASOTA PROFESSIONAL ARTS ALLIANCE, INC.						04-28-2003 91502 008 ****70.00			
1241 N.PALM AVE. 124			Mailing Address 1241 N.PALM AVE. SARASOTA FL 34236	I					
2. Principal F	Place of Busin	ness	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip		Country	Zip	Cou	ntry	5. Certificate of Stat	tus Desired 💢	\$8.75 Add	ditional
	6. Name	and Address of Current F	legistered Agent		कर्जुल्या स स्थापनाहरू	7 Name and Addre	ess of New Registered	Agent	
	_				Name				
	EN, JOHN	H (C		•	Street Address	(P.O. Box Number is No	ot Acceptable)		
	Palm aven Ta fl 3423			ŀ				 ,	
	171120120				City		F	Zip Cod	e
the obligat	tions of regist	y submits this statement for ered agent.	the purpose of changing its	s registere	d office or registe	ered agent, or both, in th	ne State of Florida. I an	n familiar with,	and accept
SIGNATURE		or printed name of registered agent ar	nd title if applicable. (NOT	TE: Registered	Agent signature require	ed when reinstating)	DATE		
Ã	EN E NOW		O Florida O]
95 m	in the	: FEE IS \$61.25	9. Election Ca Trust Fund (\$5.00 May Be Added to Fees	Make Che Florida Depa		
10.		OFFICERS AND DIR	Trust Fund (\$5.00 May Be Added to Fees	Florida Depa	ertment of S	State
10.	PD	OFFICERS AND DIR	Trust Fund (11.	on.	Added to Fees	Florida Depa	ertment of S	State
10.	PD JACOBSEI	OFFICERS AND DIR	Trust Fund (11. TITLE NAME	on.	Added to Fees	Florida Depa	DIRECTORS IN	State
TITLE ATTENDED	PD	OFFICERS AND DIR N, JOHN ALM AVE.	Trust Fund (11. TITLE NAME	on.	Added to Fees	Florida Depa	DIRECTORS IN	State
TITLE NAME STREET ADDRESS	PD JACOBSEI 1241 N. P. SARASOTA D MCKENNA 709 N TAN	OFFICERS AND DIR N, JOHN ALM AVE. A FL I, JOE MAMI	Trust Fund (11. TITLE NAME STREE CITY- TITLE NAME STREE	et address ST-ZIP	Added to Fees	Florida Depa	DIRECTORS IN	State
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated or this report or supplied ental 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 conforation 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 an exposure ed.

SIGNATURE:

JUR John Jacobsen

4/22/03

(941)366-9017