

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91583 013 ***150.00

DOCUMENT # J47022
1. Entity Name
 ART LICENSING INTERNATIONAL, INC. *N/C 8.2.00*

Principal Place of Business 1505 S. TAMiami TRAIL SUITE 401 A VENICE, FL 34292	Mailing Address 1505 S. TAMiami TRAIL SUITE 401 A VENICE, FL 34292
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2. Principal Place of Business 1532 US 41 BYPASS SOUTH Suite, Apt. #, etc. #272 City & State VENICE, FLORIDA Zip 34293 Country USA	3. Mailing Address 1532 US 41 BYPASS SOUTH Suite, Apt. #, etc. #272 City & State VENICE, FLORIDA Zip 34293 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2764565	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAUL S. HOFFMAN
 1505 S. TAMiami TRAIL
 SUITE 401A
 VENICE, FL 34292

7. Name and Address of New Registered Agent
 Name **WENDY M. GREIG**
 Street Address (P.O. Box Number is Not Acceptable)
 153 CENTER ROAD, CENTER PARK
 City **VENICE, FL** Zip Code **34292**

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 Wendy M. Greig Wendy M. GREIG 5/1/01
Signature, typed or printed name of registered agent and title is 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <input type="checkbox"/> Delete MICHAEL WOODWARD PARLINGTON HALL ABERFORD WEST YORKSHIRE, ENGLAND L5253-EG
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL WOODWARD 1532 US 41 BYPASS SOUTH, #272 VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: (MICHAEL WOODWARD) 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)