

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 048 ***150.00

DOCUMENT # L01000018359
1. Entity Name
THE ART SCHOOL, LLC ✓

966042

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 230 MIRACLE STRIP PKWY SE Suite, Apt. #, etc.	3. Mailing Address 230 MIRACLE STRIP PRKWY SE Suite, Apt. #, etc.
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City & State FT WALTON BEACH, FL	City & State FT WALTON BEACH, FL	4. FEI Number 59-3758856	Applied For Not Applicable
Zip 32569	Country OKALOOSA	Zip 32569	Country OKALOOSA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SUSAN O'CONNELL
Street Address (P.O. Box Number is Not Acceptable)
230 MIRACLE STRIP PARKWAY SE
City
FT WALTON BEACH FL Zip Code
32569

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	M SUSAN O'CONNELL 230 MIRACLE STRIP PARKWAY SE FT WALTON BEACH, FL 32569	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan O'Connell* Susan O'Connell 4-27-02 850-796-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #