


**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90998 023 \*\*\*150.00

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

DOCUMENT # L01000018359

1. Entity Name  
the Art school, LLC



**DO NOT WRITE IN THIS SPACE**

44002410

2. Principal Place of Business  
230 MIRACLE STRIP PKWY SE  
 Suite, Apt. #, etc.

3. Mailing Address  
230 MIRACLE STRIP PKWY, SE  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT. WALTON BEACH, FL

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4. FEI Number  
59-3758856

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
SUSAN O'CONNELL

Street Address (P.O. Box Number is Not Acceptable)  
~~230 MIRACLE STRIP PKWY, SE~~

City  
FT. WALTON BEACH **FL** Zip Code  
32548

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M - PRESIDENT</u> <u>SUSAN O'CONNELL</u> <u>230 MIRACLE STRIP PKWY, SE</u> <u>FT. WALTON BEACH, FL 32548</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E0348 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan O'Connell Date: April 25, 2003 Daytime Phone #: 850.796.3561