2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021014

1. Entity Name
SQUARE ONE ARTS LLC

FILED
03 APR 22 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11730 ST. ANDREWS PLACE, #305 WELLINGTON, FL 33414	11730 ST. ANDREWS PLACE, #305 WELLINGTON, FL 33414

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1708 Shoreside Cir.	1708 Shoreside Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State: Wellington FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number: **03-0383875** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUKOWSKI, NORBERT R II 11730 ST. ANDREWS PLACE, #305 WELLINGTON, FL 33414	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: Norbert R Bukowski II 4/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BUKOWSKI, NORBERT R II 11730 ST. ANDREWS PLACE, #305 WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1708 Shoreside Circle Wellington, FL 33414	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALEXANDER, MARK P 11730 ST. ANDREWS PLACE, #305 WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1708 Shoreside Circle Wellington, FL 33414	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600016662256 04/22/03--01042--002 **50.00	☐ Change ☐ Addition
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CR2E063 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Norbert R Bukowski II, Manager 4/18/03 561-792-8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #