FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90587 006 ****50.00

44003041

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016967

1. Entity Name
12ART LLC

Principal Place of Business
4711 VIA CARMEN
NAPLES FL 34105

Mailing Address
4711 VIA CARMEN
NAPLES FL 34105

2. Principal Place of Business
1027 Columbia AVE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1136
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State: PALM HARBOR FL
Zip: 34683 Country: USA

City & State: PALM HARBOR FL
Zip: 34682-1136 Country:

4. FEI Number: 51-0417361 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ROBISON, LINDA R
6450 PINE AVENUE
SANIBEL FL 33957

7. Name and Address of New Registered Agent
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 _____
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	PRESIDENT ☐ Delete	TITLE	MGCM ☑ Change ☐ Addition
NAME	Michael St. Amand	NAME	
STREET ADDRESS	1027 Columbia Ave	STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor FL 34683	CITY-ST-ZIP	
TITLE	CFO ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	Robert A Robison	NAME	
STREET ADDRESS	6450 Pine Ave	STREET ADDRESS	
CITY-ST-ZIP	Sanibel FL 33957-2034	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	Christopher Rehlmann	NAME	
STREET ADDRESS	5950 Jeffery Lane	STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers FL 33907	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	Kate Kramer	NAME	
STREET ADDRESS	5950 Jeffery Lane	STREET ADDRESS	
CITY-ST-ZIP	Ft Myers FL 33907	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (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: SIGNATURE REQUIRED 04/29/03 727 73-1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #