

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000026250

FILED  
Mar 08, 2003  
Secretary of State

Entity Name: IOMA ART LLC

## Current Principal Place of Business:

911 NW 179TH AVE  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

6000 GLADES RD.  
1206A  
BOCA RATON, FL 33431

## Current Mailing Address:

PO BOX 297543  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 13-4219779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, DEAN E  
911 NW 179TH AVE  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: MARKELLIS, LINDA C OWNER  
Address: 490 TETRAULT RD.  
City-St-Zip: KALISPELL, MT 59901 US

Title: MGR ( ) Change (X) Addition  
Name: JOHNSON, DEAN E OWNER  
Address: 911 NW 179TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR ( ) Change (X) Addition  
Name: JOHNSON, KRISTA L OWNER  
Address: 911 NW 179TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR ( ) Change (X) Addition  
Name: MARKELLIS, GREG A OWNER  
Address: 490 TETRAULT RD.  
City-St-Zip: KALISPELL, MT 59901 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEAN JOHNSON

MGR

03/08/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date