FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY -1 AM 10:26

TALLAHASSEE, FLORIDA

DOCUMENT # **L55222** **(8)**

1. Corporation Name

UNITED ARTS UNLIMITED, INC.

Principal Place of Business	Mailing Address
% THE ART GALLERY 300 MARY ESTHER CUTOFF #109 MARY ESTHER FL 32569	% THE ART GALLERY 300 MARY ESTHER CUTOFF #109 MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/02/1990**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3001779** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business | 2a. Mailing Address

21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANNINGTON, JUDIE S. 300 MARY ESTHER CUTOFF STORE 109 MARY ESTHER FL 32569	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CANNINGTON, JUDIE S.	NAME	
STREET ADDRESS	323 PARKWAY PLACE	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judie S. Cannington — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 April 95 — Date

904 244-2252 — Daytime Phone #

0470900 FP