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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

L55222

(8)

1. Corporation Name UNITED ARTS UNLIMITED, INC. Principal Place of Business * THE ART GALLERY 300 MARY ESTHER CUTOFF #109 MARY ESTHER FL 32569 MARY ESTHER FL 32569 MARY ESTHER FL 32569									
		with contain	L 02 503		 Date Incorporated or Qua 03/02/1990 	dified 3a. Da	ate of Last	•	
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number		05/01/		
21		26			59-3001779		-	Applied For Not Applicab	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc	3.		5. Certificate of Status Desir	ad [7]	\$8.	75 Additional	
City & State	^	27						e Required	
3	c	City & State			6. Election Campaign Finance	cing		.00 May Be	
Zip	Country	Zip	Count	nv	Trust Fund Contribution			ded to Fees	
4	25	29	30	· y	8. This corporation has liabili Florida Statutes	ty for intangible. 1 Yes No	tax under	s 199.032,	
	9, Name and Address of	Current Registered Agent			10, Name and Address of N	-	Agent		
			8	1 Name					
	NGTON, JUDIE S.		8	2 Street A	Address (P.O. Box Number is Not Acceptable)				
	RY ESTHER CUTOFF								
STORE			8	3					
MARTE	ESTHER FL 32569		8	4 City			85	Zip Code	
11. Pursuant to	o the provisions of Sections 60	07 0502 and 607 1509 Florido Ca-				FL			
or registers	ed agent, or both, in the State	of Florida. Such channe was auth	at utes, the above	-named corp	poration submits this statement for the	ne purpose of ch	ranging its	s logiciologi onic	
familiar with	th, and accept the obligations of signature, typed or printed name of registers.	of, Section 607.0505, Florida Statu ered agont and the Happleable.	atutes, the above iorized by the countes. INOTE: Registered Ag	POTATION S D	ual of offectors. I hereby accept the	ne purpose of che e appointment a DATE	s registere	ed agent. I am	
familiär witt SIGNATURE:s 12.	th, and accept the obligations of spiritual name of registed or printed name of registed OFFICE.	of, Section 607.0505, Florida Statu ered agent and its if applicable. IRS AND DIRECTORS	NOTE: Registered Ag	ent signature req	ual of offectors. I hereby accept the	e appointment a	s registere	ed agent. I am	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF NICER OR DIRECTOR

6 April 96 904. 664. 2252