2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am 3 Secretary of State DOCUMENT # N0000003150 1. Entity Name THE MILLENIUM ART GUILD AT PALM COAST, INC. 04-22-2002 90169 018 ****61.25 Principal Place of Business Mailing Address 26 WOODBURY DRIVE POST OFFICE BOX 350134 PALM COAST FL 32134 PALM COAST FL 32125-134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0999710 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRA, JOHN A Street Address (P.O. Box Number is Not Acceptable) 26 WOODBURY DRIVE PALM COAST FL 32134 City Zip Code 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the state of Florida. 20HN CALLER SIGNATURE Ignature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. P/D TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARRA, JOHN NAME NAME 26 WOODBURY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32134 CITY-ST-ZIP Victoria Swann VP Delete TIT! F 💢 Change ☐ Addition SUSKO, SUZANNE M NAME 54 Franciscan In NAME STREET ADDRESS 13 FLEMING COUTR STREET ADDRESS Palm-coast FU 32137 CITY-ST-7IP PALM COAST FL 32134 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition REYNOLDS, REBECCA NAME NAME STREET ADDRESS **65 WELLINGTON DRIVE** STREET ADDRESS CITY-ST-ZIF PALM COAST FL 32164 CITY-ST-ZIP TITLE SID Delete TITLE ☐ Change Addition NAME gaeta, anthony NAME Micheles Kelly Michelo recolut 18 Fuming Colut 32137 STREET ADDRESS **6 CHELSEA COURT** STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition THOMAS, CAROL NAME STREET ADDRESS 17 PILGRIM DRIVE STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition

12. 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 or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment w with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Rubizzi, al

247 SEABREEZE DRIVE

FLAGLER BEACH FL 32136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR