

9/13/01-90055-049-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006225

1. Entity Name

T.B.M. FINE ARTS, INC.

Principal Place of Business

1370 68TH AVE. SOUTH
ST. PETERSBURG FL 33705

Mailing Address

1370 68TH AVE. SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3676955

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, NAT

1370 68TH AVE. SOUTH
ST. PETERSBURG FL 33705

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

FL

SIGNATURE

(Signature of officer or director of the corporation or other person authorized to execute this report)

(NOTE: Registered agent signature required when reappointing)

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: Chairman
NAME: NAT A. BAILEY
STREET ADDRESS: 1370 68TH AVE. S.
CITY-STATE-ZIP: ST. PETERSBURG FL 33705

TITLE: Vice-Chairman
NAME: LeChana D. Waldon-Bailey
STREET ADDRESS: 5791 Lynn Lake Dr. S.
CITY-STATE-ZIP: ST. PETERSBURG FL 33705

TITLE: Treasurer/Sec.
NAME: Althea Ratts
STREET ADDRESS: 1175 Pinellas St. Dr. S.
CITY-STATE-ZIP: ST. PETERSBURG FL 33705

TITLE: Officer
NAME: Todd M. Friederhoff
STREET ADDRESS: 2900 4th Ave. N.
CITY-STATE-ZIP: ST. PETERSBURG FL 33713

TITLE: Officer
NAME: Brad Dedmon
STREET ADDRESS: 2002 5th Ave. S.
CITY-STATE-ZIP: ST. PETERSBURG FL 33705

TITLE: Officer
NAME: Mike Sawala
STREET ADDRESS: 5124 23rd Ave. S.
CITY-STATE-ZIP: ST. PETERSBURG FL 33712

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition

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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 with an address, with all other like empowered.

SIGNATURE: NAT A. BAILEY Chairman 9/13/01 (727) 865-1657

Corrected

Nat A. Bailey
NAT A. BAILEY
Chairman
9/24/01