

5/19

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-19-2002 90203 014 ****61.25

06-11-2002 90152 021 ****8.75

DOCUMENT # N00000007387

1. Entity Name

FLAMINGO ART STUDIO CORPORATION

Principal Place of Business

502 KANUGA DRIVE
WEST PALM BEACH FL 33401-7218

Mailing Address

502 KANUGA DRIVE
WEST PALM BEACH FL 33401-7218

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1053967

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCVAY, DOUGLAS
619 N DIXIE HWY
LAKE WORTH FL 33460

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 Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATRUSEVICH, ALAN	
STREET ADDRESS	502 KANUGA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-7218	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN EXEL, SUE	
STREET ADDRESS	502 KANUGA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-7218	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, CANDICE	
STREET ADDRESS	502 KANUGA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-7218	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA TOALEN	
STREET ADDRESS	1211 1/2 E FLORIDA AVE	
CITY-ST-ZIP	WEST PALM BEACH 33401	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael K. Kemp	
STREET ADDRESS	502 KANUGA DR BAY 1	
CITY-ST-ZIP	WAB 33401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/02 5618208805

CR2E037 (9/01)