

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90043 038 ****61.25

DOCUMENT # N00000007736

1. Entity Name

THE MUSEUM OF TWENTY-FIRST CENTURY ART, INC.

Principal Place of Business

Mailing Address

**1605 LARK LANE
 BRANDON FL 33510**

**1605 LARK LANE
 BRANDON FL 33510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGGS, MARLENE D
 1605 LARK LANE
 BRANDON FL 33510**

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 Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **BOGGS, MARLENE D**
 STREET ADDRESS **1605 LARK LANE**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **DV** Delete
 NAME **WAGNER, GEORGIENE L**
 STREET ADDRESS **3750 GARDNER DR.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE _____ Change Addition
 NAME **2135 TERRACE**
 STREET ADDRESS **VIEW LANE**
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D** Delete
 NAME **BRICE, REBECCA E**
 STREET ADDRESS **728 1/2 THIRD AVE. SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **DT** Delete
 NAME **BOGGS, J.S.G.**
 STREET ADDRESS **1605 LARK LANE**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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: _____

Marlene D Boggs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 **813-689-8553**
 Date Daytime Phone #

CR2E037 (9/01)