2001 UNIFORM BUSINESS REPORT (UBR)

06-04-2001 90012016***150.00
P00000024719

FILED
01 OCT 30 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000007011

1. Entity Name
ART STOPI INC.

Principal Place of Business	Mailing Address
403 PARK ST JACKSONVILLE FL 32204	403 PARK ST JACKSONVILLE FL 32204

2. Principal Place of Business	3. Mailing Address
1511 Margaret St Suite, Apt. #, etc.	1511 Margaret St Suite, Apt. #, etc.
City & State: Jacksonville, FL 32204	City & State: Jacksonville, FL 32204
Zip: 32204 / Country: USA	Zip: 32204 / Country: USA

4. FEI Number: 59-3608426 — 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
ANGEL, PASSAILAIGUE 403 PARK ST JACKSONVILLE FL 32204	Name: Jay Fogg Street Address (P.O. Box Number is Not Acceptable): 1511 Margaret St City: Jacksonville FL Zip Code: 32204

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: Jay Fogg — 5/31/2001
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: PASSAILAIGUE, ANGEL STREET ADDRESS: 403 PARK ST CITY-ST-ZIP: JACKSONVILLE FL 32204 ☒ Delete	TITLE: D NAME: Jay Fogg STREET ADDRESS: 1511 Margaret St CITY-ST-ZIP: Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE: TD NAME: GRISSETT, BONNIE STREET ADDRESS: 403 PARK ST CITY-ST-ZIP: JACKSONVILLE FL 32204 ☒ Delete	TITLE: D NAME: Lynette Fransen STREET ADDRESS: 1511 Margaret St CITY-ST-ZIP: Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE: SD NAME: BAER, LISA ROWE STREET ADDRESS: 403 PARK ST CITY-ST-ZIP: JACKSONVILLE FL 32204 ☐ Delete	TITLE: D NAME: Ken Whyrick STREET ADDRESS: 1511 Margaret St CITY-ST-ZIP: Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE: D NAME: OVERTON, JIM STREET ADDRESS: 403 PARK ST CITY-ST-ZIP: JACKSONVILLE FL 32204 ☒ Delete	TITLE: D NAME: Darrell Smith STREET ADDRESS: 1511 Margaret St CITY-ST-ZIP: Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE: D NAME: WILLIAMS, STEVE STREET ADDRESS: 403 PARK ST CITY-ST-ZIP: JACKSONVILLE FL 32204 ☒ Delete	TITLE: D NAME: John Howard STREET ADDRESS: 1511 Margaret St CITY-ST-ZIP: Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE: D NAME: DRAPER, JIM STREET ADDRESS: 403 PARK ST CITY-ST-ZIP: JACKSONVILLE FL 32204 ☒ Delete	TITLE: D NAME: Saundra Howard STREET ADDRESS: 1511 Margaret St CITY-ST-ZIP: Jacksonville, FL 32204 ☒ Change ☒ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Saundra Howard — SAUNDRA HOWARD — 5-31-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #