

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N01000007011**

1. Entity Name:
ART STOI INC.

06-04-2001 90012 016 ***150.00
P00000024719

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

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

2. Principal Place of Business 3. Mailing Address
1511 Margaret St 1511 Margaret St
Suite, Apt. #, etc. 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
ANGEL, PASSALAIGUE
403 PARK ST
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent
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 fee if applicable. (NOT Registered Agent's 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 NAME STREET ADDRESS CITY - ST - ZIP	D PASSALAIGUE, ANGEL 403 PARK ST JACKSONVILLE FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jay Fogg 1511 Margaret St Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRISSETT, BONNIE 403 PARK ST JACKSONVILLE FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lynette Fransen 1511 Margaret St Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAER, LISA ROWE 403 PARK ST JACKSONVILLE FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ken Whyrick 1511 Margaret St Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OVERTON, JIM 403 PARK ST JACKSONVILLE FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Darrell Smith 1511 Margaret St Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, STEVE 403 PARK ST JACKSONVILLE FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Howard 1511 Margaret St Jacksonville, FL 32204 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAPER, JIM 403 PARK ST JACKSONVILLE FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sandra Howard 1511 Margaret St Jacksonville, FL 32204 ☒ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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: **Sandra Howard** **5-31-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)