

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08317

1. Entity Name

FLORIDA VISUAL ARTS, INC.

Principal Place of Business

C/O RICHARD ANTHONY PALEVEDA
4014 SAN NICHOLAS
TAMPA FL 33629
US

Mailing Address

C/O RICHARD ANTHONY PALEVEDA
4014 SAN NICHOLAS
TAMPA FL 33629-5730
US

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

59-2667023

Applied For

Not Applicable

5. Certificate of Status Desired

4

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALEVEDA, RICHARD ANTHONY
4014 SAN NICHOLAS
TAMPA FL 33629

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 D ☐ Delete
NAME LIROT, CHARLES LUKE
STREET ADDRESS 2000 MAGNOLIA DR
CITY-ST-ZIP CLEARWATER FL

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

TITLE D ☐ Delete
NAME BISCUP, JULIE
STREET ADDRESS 9406 ELMER ST
CITY-ST-ZIP TAMPA FL 40

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

TITLE PST ☐ Delete
NAME PALEVEDA, RICHARD (DIR.)
STREET ADDRESS 4014 SAN NICHOLAS
CITY-ST-ZIP TAMPA FL

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

TITLE PTD ☐ Delete
NAME KAYE, SANFORD (DIRECTOR)
STREET ADDRESS 309 W. LOUISIANA AVE.
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME PROVOST, JOEL
STREET ADDRESS 9406 ELMER ST
CITY-ST-ZIP TAMPA FL 40

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, 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 #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90156 022 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)