

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90146 042 *****61.25

DOCUMENT # N12034

1. Entity Name

CENTRAL FLORIDA PORCELAIN ARTISTS, INC.



Principal Place of Business

**950 EMPRESS LANE
ORLANDO FL 32825**

Mailing Address

**950 EMPRESS LANE
ORLANDO FL 32825**

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 **59-2661639**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOLAND, GRACE
950 EMPRESS LANE
ORLANDO FL 32825**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☐ Delete
NAME **NOLAND, GRACE**
STREET ADDRESS **950 EMPRESS LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☒ Delete
NAME **WEBB, MARY**
STREET ADDRESS **503 BIANCA COURT**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ Change ☐ Addition
NAME **CAROL PICKLER**
STREET ADDRESS **3938 SANIBEL COVE**
CITY-ST-ZIP **ORLANDO, FL 32765**

TITLE **S/D** ☒ Delete
NAME **THOMPSON, CAROL**
STREET ADDRESS **1925 E HAMPTON CIRCLE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **S/D** ☐ Change ☐ Addition
NAME **Gloria Stack Fletch**
STREET ADDRESS **4824 TANGERINE AVE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **P** ☒ Delete
NAME **MORLEY, DOROTHY**
STREET ADDRESS **11518 LAKE WILLIS DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☐ Change ☐ Addition
NAME **Hedie Reih**
STREET ADDRESS **383 C HOKECHERRY DR**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☒ Delete
NAME **MITCHELL, MARIE**
STREET ADDRESS **2201 DEBORA NE LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Change ☐ Addition
NAME **Mildred Archer**
STREET ADDRESS **18 BRYAN AVE**
CITY-ST-ZIP **Titusville, FL 32796-2708**

TITLE **TD** ☐ Delete
NAME **FINLEY, ELIZABETH**
STREET ADDRESS **2230 GLENCOE RD**
CITY-ST-ZIP **WINTER PARK FL**

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: *Elizabeth C. Finley* (Elizabeth C. Finley) 5/21/03 407-423-1020

CR2E037 (10/02)