

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90150 015 ****61.25

DOCUMENT # N18020

1. Entity Name

THE ARMORY ART CENTER, INC.

Principal Place of Business

1703 LAKE AVENUE
 WEST PALM BEACH FL 33401

Mailing Address

1703 LAKE AVENUE
 WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2808612

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TULLOS, MARK A JR
13614 YARMOUTH COURT
WELLINGTON FL 33414

Name

Nancy Lambrecht

Street Address (P.O. Box Number is Not Acceptable)

3067 Mainsail Circle

City

Jupiter

FL

Zip Code

33477

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

Nancy Lambrecht

2/8/02

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 **CD** ☐ Delete
 NAME **MCGREGOR, JANE**
 STREET ADDRESS **257 TRADEWIND DRIVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Jane McGregor**
 STREET ADDRESS **257 Tradewind Drive**
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **SD** ☐ Delete
 NAME **LAMBRECHT, NANCY**
 STREET ADDRESS **3067 MAINSAIL CIR**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **T/D** ☒ Change ☐ Addition
 NAME **Nancy Lambrecht**
 STREET ADDRESS **3067 Mainsail Circle**
 CITY-ST-ZIP **Jupiter, FL 33477**

TITLE **VC** ☐ Delete
 NAME **SWOPE, JAMES**
 STREET ADDRESS **1701 SOUTH OLIVE AVENUE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **V/D** ☒ Change ☐ Addition
 NAME **Robert Burger**
 STREET ADDRESS **597 N. Country Club Drive**
 CITY-ST-ZIP **Atlantis, FL 33462**

TITLE **SD** ☐ Delete
 NAME **MASON, ZELDA**
 STREET ADDRESS **1485 VIA MANANA**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **S** ☒ Change ☐ Addition
 NAME **Linda Silpe**
 STREET ADDRESS **940 S. Ocean Blvd.**
 CITY-ST-ZIP **Manalapan, FL 33462**

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:

Nancy Lambrecht

2/8/02

861-832-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)