

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N31483

1. Entity Name
ARTISTS UNLIMITED, INC.



Principal Place of Business
223 N. 12TH ST.
TAMPA, FL 33602

Mailing Address
223 N. 12TH ST.
TAMPA, FL 33602



06302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2954446

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, GENIE F.
223 N 12TH STREET
223 N. 12TH ST.
TAMPA, FL 33602

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHITE, GENIE FARRELL
STREET ADDRESS 223 N 12TH STREET
CITY-ST-ZIP TAMPA, FL

TITLE D
NAME ARCHBOLD, MATTHEW
STREET ADDRESS 223 N 12TH STREET
CITY-ST-ZIP TAMPA, FL 33617

TITLE PD
NAME CUMMINGS, MARY
STREET ADDRESS 223 NORTH 12TH STREET
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UG0000163994
07/07/04-80026-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #