

1/22/01-

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-22-2001 90110 019 ****61.25

DOCUMENT # N37825

1. Entity Name

ART AGAINST AIDS, INC.

Principal Place of Business

207 JEFFERSON ST.
 PENSACOLA FL 32501
 US

Mailing Address

207 JEFFERSON ST.
 PENSACOLA FL 32501
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3004206

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

GOLDMAN, JIM
114 1/2 SOUTH PALAFOX STREET
PENSACOLA FL 32501

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	ST	WATSON, EARL	1602 N. 10TH AVE. PENSACOLA FL 32503				
	D	VELARDI, MITZI	1521 E. BOBE ST. PENSACOLA FL 32503				
	D	WHITEHEAD, SANDY	400 N. DAVIS HWY. PENSACOLA FL 32501				
	D	AMERSON, JAMES	1010 N. 12TH AVE. #133 PENSACOLA FL				
	VPD	KILLOUGH, GARY	304 KEPNER DR. FT. WALTON BEACH FL				
	PD	GOLDMAN, JAMES N.	45 SOUTH JEFFERSON ST PENSACOLA FL				

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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

James N. Goldman pres

02/01/01 850-438-8112