

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91736 020 ****61.25

DOCUMENT # N42224

1. Entity Name

MYTHIC ARTS INSTITUTE OF AMERICA, INC.

Principal Place of Business

Mailing Address

**5A ATLANTIC OAKS CIRCLE
 SAINT AUGUSTINE FL 32080
 US**

**5A ATLANTIC OAKS CIRCLE
 SAINT AUGUSTINE FL 32080
 US**

80121281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

104 San Rafael Rd

104 San Rafael Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Augustine FL

St Augustine FL

Zip

Country

Zip

Country

32080

USA

32080

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**DENICOLAS, MARIA C
 5A ATLANTIC OAKS CIRCLE
 SAINT AUGUSTINE FL 32080**

Name

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

**104 San Rafael Rd
 St Augustine**

City

FL

Zip Code

32080

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

Maria C Denicolas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02

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 **DE NICHOLAS, MARIA C**
 STREET ADDRESS **5A ATLANTIC OAKS CIRCLE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE ☒ Change ☐ Addition
 NAME **De Nicolas, Maria C**
 STREET ADDRESS **104 San Rafael Rd**
 CITY-ST-ZIP **St Augustine, FL 32080**

TITLE **D** ☐ Delete
 NAME **DE NICHOLAS, ANTONIO T**
 STREET ADDRESS **5A ATLANTIC OAKS CIRCLE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE ☒ Change ☐ Addition
 NAME **De Nicolas Antonio T**
 STREET ADDRESS **104 San Rafael Rd**
 CITY-ST-ZIP **St Augustine FL 32080**

TITLE **D** ☐ Delete
 NAME **DE NICHOLAS, JOSE R**
 STREET ADDRESS **5A ATLANTIC OAKS LANE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE ☒ Change ☐ Addition
 NAME **De Nicolas Jose**
 STREET ADDRESS **104 San Rafael Rd**
 CITY-ST-ZIP **St Augustine, FL 32080**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Maria C Denicolas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (904) 461-1514

Date

Daytime Phone #

CR2E037 (9/01)