2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90193 028 ****61.25

DOCUMENT # N48931

1. Entity Name

THE ART GUILD OF PONCE INLET, INC.

Principal Place of Business	Mailing Address
4670 S PENINSULA DR. PONCE INLET FL 32127 US	PO BOX 238414 ALLANDALE FL 32123-8414 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
Zip / Country	Zip / Country

4. FEI Number 59-3131891 ☐ 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
HANSEN, MARY D STORCH, HANSEN & MORRIS P.A. 1620 S CLYDE MORRIS BLVD., S-300 DAYTONA BCH. FL 32119	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	PD ROSE, KUSHIGAN 119 RAINS CT PONCE INLET FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEVRA, DORIS 4512 NETTLE CREEK CT PORT ORANGE, FL. 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KEVRA, DORIS 4512 NATTLE CREEK CT PORT ORANGE FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SKARB, PAT 707 CENTRAL PARK, BLVD PORT ORANGE, FL. 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAMPBELL, CHARLOTTE MAY 4012 S PENINSULA DR WILBER BY THE SEA FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEPEW, SHIRLEY 520 CENTRAL PARK, BLVD PORT ORANGE, FL 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FINOCCHIARO, KATHY 105 OCEAN AIR TERRACE SOUTH ORMOND BEACH FL 32176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEPHENSON, ESTHER 722 CENTRAL PARK BLVD PORT ORANGE, FL. 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 DORIS KEVRA Doris Kevra, PRES. 788-9805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #