

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90138 004 \*\*\*\*70.00

**DOCUMENT # N96000001482**

1. Entity Name

**ARTS TRIUMPHANT, INC.**

Principal Place of Business

Mailing Address

**8121 ARLINGTON EXPRESSWAY  
 JACKSONVILLE FL 32211**

**PO BOX 350607  
 JACKSONVILLE FL 32235**

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

**59-3388701**

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

**WILLIAMS, COLIN J  
 8121 ARLINGTON EXPRESSWAY  
 JACKSONVILLE FL 32211**

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

*Colin Williams Executive Director*

*[Signature]*

*4/29/02*

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WELLS, JEFFREY**  
 CITY-ST-ZIP **699 KINDERKAMACK ROAD**  
**ORADELL NJ 07649**

TITLE ☐ Change ☒ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **SUSAN PITMAN**  
 CITY-ST-ZIP **4620 ALAPAHOC AVE**  
**JACKSONVILLE, FL 32210**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PAJIC, ANNIE**  
 CITY-ST-ZIP **4510 ORTEGA BLVD**  
**JACKSONVILLE FL 32210**

TITLE ☐ Change ☒ Addition  
 NAME **TREASURER**  
 STREET ADDRESS **KATHY HARCOURT**  
 CITY-ST-ZIP **14073 Pine Island Dr**  
**JACKSONVILLE, FL 32224**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SCOTT, WILLIAM**  
 CITY-ST-ZIP **4202 STRATFORD WAY**  
**JACKSONVILLE FL 32225**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Susan Pitman*

*4/29/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)