2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000488

1. Entity Name

ARTISTS' GUILD, INC.



FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90170 030 ****61.25

| | ., | | | N. T. S. | 7 | | | |
|---|---|--|--------------------------------|---|--|---|----------------------------|-------------------------------------|
| Principal Place of Business 2600 N., MILITARY, TRAIL NORTHWOOD UNIVERSITY W. PALM BEACH FL 33409 | | Mailing Address % PEGGY GORMAN 513 GREENWAY DRIVE N. PALM BEACH FL 33408 | | ; | m. Bill 1884 feril errii Gerii Gerii Gerik Abii | * 88 (** 8 2 88 1 1 1 | IB) 1013 18 3 t | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. FEI Number 6 | 5-0729905 | | plied For t Applicable | |
| Zip | | Country | Zip | Country | 5. Certificate of S | | 8.75 Add | |
| | 6. Name an | d Address of Current | Registered Agent | | 7. Name and Add | ress of New Registered A | gent | |
| | | | | Name | | | | • |
| RITZ, MATTY 5234 TIFFANY ANNE CIR W.PALM BCH FL 33417 | | | | Street Addres | ss (P.O. Box Number is | Not Acceptable) | | |
| Wil Auth DOTT E GOTT | | | | City | · | FL | Zip Code |) |
| 8. The above the obligat | tions of registere | ubmits this statement for d agent. | the purpose of changing its | registered office or regis | stered agent, or both, in | the State of Florida. I am fa | amiliar with, | and accept |
| | Signature, typed or pr | rinted name of registered agent | Ind title if applicable. (NOTE | : Registered Agent signature requ | ired when reinstating) | DATE | | |
| | | θ | | ··········· | <u> </u> | <u> </u> | | |
| FILE NOW: FEE IS \$61.25 | | | | paign Financing | \$5.00 May Be | Make Check | Payable | to |
| | FILE 1404V. F | ************************************** | Trust Fund Co | ontribution. | Added to Fees | Florida Departa | | |
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| 10. | PD | OFFICERS AND DIF | ECTORS | 11. | ADDITIONS/CHANG | SES TO OFFICERS AND DIR | _ | |
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| | | DRIVE | | | ÷ : | | onungo | |
| TITLE | | - | 10 | NAME STREET ADDRESS CITY-ST-ZIP | : | | | |
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or the exemption stated information supplied with this rilling does not quality 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: