

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002773

1. Entity Name

PINEAPPLE GROVE OUTDOOR ART, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90041 035 ****61.25

Principal Place of Business 279 PINEAPPLE GROVE WAY DELRAY BEACH FL 33444	Mailing Address 279 PINEAPPLE GROVE WAY DELRAY BEACH FL 33444-3705
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 298 Pineapple Grove Way Suite, Apt. #, etc.		3. Mailing Address 298 Pineapple Grove Way Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0835220 APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. Name and Address of Current Registered Agent MINERLEY, KENNETH 980 NORTH FEDERAL HIGHWAY, SUITE 205 BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONNEN, JANET 279 PINEAPPLE GROVE WAY DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Branning, William 9 N.E. 2nd St. Delray Beach, Fl. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNING, WILLIAM 279 PINEAPPLE GROVE WAY DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Eliopoulos, Gary 14 N.E. 4th Avenue Delray Beach, Fl. 33488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGHEE, LORETTA 279 PINEAPPLE GROVE WAY DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Conigliaro, Aldo 137 E. Atlantic Ave. Delray Beach, Fl. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, JOHN 279 PINEAPPLE GROVE WAY DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Beale, David 172 N.E. 2nd Ave. Delray Beach, Fl. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John P. McKenna **REQUIRED** 4/27/00 561-276-7025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)