

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005011

1. Entity Name
ARTSTAGE, INC.



Principal Place of Business
**185 EAST INDIANTOWN ROAD
SUITE 203
JUPITER, FL 33477**

Mailing Address
**185 EAST INDIANTOWN ROAD
SUITE 203
JUPITER, FL 33477**



01282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0898583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, WOODIE H III
1603 VISION DRIVE
PALM BEACH GARDENS, FL 33418**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITE, LINDA A
172132 126TH TERRACE NORTH
JUPITER, FL 33477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANGEL, HELEN
17130 127TH DRIVE NORTH
JUPITER, FL 33477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSSELL, CHARLES
1030 MILITARY TRAIL LOT 92
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000271797
03/21/05-R0061-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda A. White **PRESIDENT 3-17-05 861-747-7409**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #