May-30-01 03:25P

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FILED
Jun 06, 2001 8:00 am
Secretary of State
05-10-2001 90046 025 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002389

1. Entity Name
UNITED ART SYSTEMS INC

Principal Place of Business	Mailing Address
6401 BADGER DR., BLDG. A TAMPA FL 33610	6401 BADGER DR., BLDG. A TAMPA FL 33610

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 40115 County Rd 54 East	3. Mailing Address:
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills, FL	City & State:
Zip: 33540 — Country: Pasco	Zip: — Country:

4. FEI Number — [X] 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
MILES, JOSEPH J 5207 FIVE ACRE RD. PLANT CITY FL 33565	Name Street Address (P.O. Box Number is Not Acceptable): 5848 Frontier Drive City: Zephyrhills FL Zip Code: 33540

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILES, JOSEPH J 5207 FIVE MILE RD. PLANT CITY FL 33565 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5848 Frontier Drive Zephyrhills, FL 33540 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Joseph J Miles 4/25/01 561 468-2185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #