

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90190 001 ***150.00

DOCUMENT # P00000012974

1. Entity Name

EGYPT ARTS, INC.

Principal Place of Business

**1317 PONTE VEDRA BLVD
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**1317 PONTE VEDRA BLVD
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

1107 EUCLID AVE.

3. Mailing Address

1317 PONTE VEDRA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTA, GA

City & State

POINTE VEDRA BEACH FL

4. FEI Number

59-3624088

Applied For

Not Applicable

Zip

30306

Country

USA

Zip

32082

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERREE, JOEL W
 1317 PONTE VEDRA BLVD
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

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

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)

**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

**PRESIDENT
 JOEL W. FERREE
 1317 PONTE VEDRA BLVD.
 PONTE VEDRA BEACH, FL 32082**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JOEL FERREE-PRES.)

Date

5/26/01

Daytime Phone #

904-285-8874

CR2E034 (10/00)