

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91172 045 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000017956			
1. Entity Name BRIDGETTE'S ART STUDIO, INC.			
Principal Place of Business 204 NORTH PARROTT AVE. OKEECHOBEE FL 34972		Mailing Address 204 NORTH PARROTT AVE OKEECHOBEE FL 34972	
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State:		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WALDAU, BRIDGETTE 204 NORTH PARROTT AVE. OKEECHOBEE FL 34972		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 <i>Bridgette Waldau</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Bridgette Waldau</i> <i>4/30/01</i> <small>(NOT Registered Agent signature required when reinstating) DATE</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/> \$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 WALDAU, BRIDGETTE 204 NORTH PARROTT AVE. OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James R. Waldau 204 N. Parrott Ave. Okeechobee, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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: <i>Bridgette Waldau</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4/30/01</i> <i>863-467-7300</i> <small>Date Daytime Phone #</small>	

CR2E034 (10/00)