

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90062 002 ***150.00

A0062449

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000025174
1. Entity Name
ARTLOVERS.CC, INC

Principal Place of Business **Mailing Address**
5500 ST LUCIE BLVD **762 S US HWY 1 # 262**
FT. PIERCE, FL 34946 **VERO BEACH FL 32962**

2. Principal Place of Business **3. Mailing Address**
5500 ST. LUCIE BLVD **762 S US HWY 1**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
#262

City & State **City & State**
FORT PIERCE FL **VERO BEACH, FL**
Zip **Country** **Zip** **Country**
34946 **USA** **32962** **USA**

4. FEI Number **Applied For**
65-0989834 **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, PA
343 ALMERIA AVE.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
PATRICIA STEVENS
Street Address (P.O. Box Number is Not Acceptable)
5500 ST LUCIE BLVD
City **FL** **Zip Code**
FORT PIERCE **34946**

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 *Patricia Stevens* **PATRICIA STEVENS** **4-23-01**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Patricia Stevens 5500 St Lucie Blvd Ft. Pierce, Fl 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Patricia Stevens same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete Patricia Stevens same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Patricia Stevens* **PATRICIA STEVENS** **4-23-01** **561-429-1032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)