

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030607

1. Entity Name

WHOLESALE ART & HOBBY DISTRIBUTORS, INC.



FILED

03 OCT 20 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7207 114TH AVE. N.
LARGO FL 33773

Mailing Address

7207 114TH AVE. N.
LARGO FL 33773

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

REINSTATEMENT 03

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-3637696

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SCHECHT, MEIL S.~~

3426 W. KENNEDY BLVD.
TAMPA FL 33609

Name

Meil S. Schecht

Street Address (P.O. Box Number is Not Acceptable)

3630 W Kemp Blvd

City

Tampa

FL

Zip Code

33609

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/15/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MASLAR, RICHARD A
STREET ADDRESS 3421 MERLIN DR.
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE MASLAR, RICHARD A.
NAME MASLAR, RICHARD A.
STREET ADDRESS 2713 Northridge Dr. EAST
CITY-ST-ZIP Clearwater FL, 33761 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03 721-548-1229

Date

Daytime Phone #

0102706 AV

0102706 (1/03)