

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 18 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050617

1. Entity Name

ART IN COUNTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26900 S.W. 192 AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

Zip

33031

Country

USA

Zip

Country

4. FEI Number

65-1009739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FINANCIAL FOUNDATIONS, INC.

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

3150-SANDY RIDGE DR.

City

CLEARWATER

FL

Zip Code
33761

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	DIRECTOR DANIEL J. LEIDKE 26900 S.W. 192 AVE. HOMESTEAD, FL 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005973360--0 -06/25/02--01052--021 ****300.00 ****300.00 201.25 - AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARMEN J. ACEVEDO 26900 S.W. 192 AVE. HOMESTEAD, FL 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.00 - ARTS 88.75 - ARSUPP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Leidke DANIEL LEIDKE 4/30/02 305 247-2774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #