

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90474 036 ***150.00

DOCUMENT # P00000059141

1. Entity Name

THE ART SHOPPE, INC.

Principal Place of Business

**200 TOWNE CENTER CIRCLE
 SUITE 265
 SANFORD FL 32771**

Mailing Address

**200 TOWNE CENTER CIRCLE
 SUITE 265
 SANFORD FL 32771**

2. Principal Place of Business

247 TOWNE CENTER CIRCLE

Suite, Apt. #, etc.

SUITE N-2

3. Mailing Address

247 TOWNE CENTER CIR

Suite, Apt. #, etc.

SUITE N-2

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32771

Country

U.S.A.

Zip

32771

Country

U.S.A.

6. Name and Address of Current Registered Agent

**WEATHERFORD, WILLIAM P JR.
 1031 W. MORSE BOULEVARD
 SUITE 105
 WINTER PARK FL 32789**

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

TITLE **D** ☐ Delete
 NAME **MANI, MOHIT**
 STREET ADDRESS **200 TOWNE CENTER CIRCLE, SUITE 265**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Delete
 NAME **MIRPURI, RESHMA**
 STREET ADDRESS **200 TOWNE CENTER CIRCLE, SUITE 265**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **MANI, MOHIT G**
 STREET ADDRESS **247 TOWNE CENTER CIRCLE, SUITE N-2**
 CITY-ST-ZIP **SANFORD, FL. 32771**

TITLE **D** ☒ Change ☐ Addition
 NAME **MIRPURI, RESHMA**
 STREET ADDRESS **247 TOWNE CENTER CIRCLE, SUITE N-2**
 CITY-ST-ZIP **SANFORD, FL 32771**

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

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

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

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

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]

MOHIT G. MANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/01

Date

407-324-5252

Daytime Phone #

CR2E034 (10/00)

0052798