

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90027 023 ***150.00

DOCUMENT # P00000064242

1. Entity Name
THE ART OF SPORT, INC.

Principal Place of Business Mailing Address
901 S.W. MARTIN DOWNS RD. 612 S. Federal Hwy
STE-003 STUART, FL 34994
PALM CITY FL 34990

2. Principal Place of Business 3. Mailing Address
612 S. Federal Hwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STUART

City & State City & State
STUART FLA
 Zip Country Zip Country
34994 U.S.A
34994 U.S.A

4. FEI Number Applied For
65-1025006
 Not Applicable
 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
MARTIN, LOUIS, JR
8965 SE BRIDGE ROAD
#208
HOBE SOUND FL 33457
612 S. Federal Hwy
STUART, FL
34994
 Name **LOUIS MARTIN, JR**
 Street Address (P.O. Box Number is Not Acceptable)
612 S. Federal Hwy
 City **STUART** FL Zip Code **34994**

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]* **PRESIDENT** DATE **4/1/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LOUIS, JR		NAME		
STREET ADDRESS	8965 SE BRIDGE ROAD	612 S. Federal Hwy	STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33457	STUART, FL 34994	CITY-ST-ZIP		
TITLE	V.P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geoffrey Ashley		NAME		
STREET ADDRESS	612 S. Federal Hwy		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	Secy	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danielle DeVries		NAME		
STREET ADDRESS	612 S. Federal Hwy		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **LOUIS E. MARTIN, JR.** DATE **4/1/01** (561) 287-6867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)