

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90771 041 \*\*\*150.00

**DOCUMENT # P00000073998**

1. Entity Name

AMERICANPOSTCARDART.COM, INC.



Principal Place of Business

1050 ALTA VISTA ST  
SARASOTA FL 34236

Mailing Address

1950 ALTA VISTA ST  
SARASOTA FL 34236

2. Principal Place of Business

1807 Magnolia St.  
Suite, Apt. #, etc.

3. Mailing Address

1807 Magnolia St.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

75-3050274

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COURSEN, ELIZABETH H  
1950 ALTA VISTA ST  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name - Same -

Street Address (P.O. Box Number is Not Acceptable)  
1807 Magnolia St.

City

Sarasota

FL

Zip Code

34239

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

Elizabeth H. Coursen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**May 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

TITLE PS  
NAME NEIGH, PHILIP  
STREET ADDRESS 1950 ALTA VISTA ST  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE VPT  
NAME CRURSEN, LIZ  
STREET ADDRESS 1950 ALTA VISTA ST  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE -  
NAME -  
STREET ADDRESS 1807 Magnolia St.  
CITY-ST-ZIP Sarasota FL 34239 ☒ Change ☐ Addition

TITLE -  
NAME -  
STREET ADDRESS 1807 Magnolia St.  
CITY-ST-ZIP Sarasota, FL 34239 ☒ Change ☐ Addition

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

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

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

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:**

Elizabeth H. Coursen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 954-3124

Date

Daytime Phone #

CR2E034 (10/02)