

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90052 015 \*\*\*150.00

**DOCUMENT # P00000074978**

1. Entity Name  
**FINE ART & ACCENTS, INC.**

Principal Place of Business

233 3RD ST N. STE 202  
 ST PETERSBURG FL 33701

Mailing Address

233 3RD ST N. STE 202  
 ST PETERSBURG FL 33701

2. Principal Place of Business

120 6TH ST. SOUTH  
 Suite, Apt. #, etc.

3. Mailing Address

120 6TH ST. S.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FLORIDA

City & State

ST. PETERSBURG FL

4. FEI Number

59-3666455

Applied For

Not Applicable

Zip

33701

Country

FLORIDA

Zip

33701

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WELDON, JACK B  
 233 3RD ST N, STE 202  
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **JACK B. WELDON**  
 Street Address (P.O. Box Number is Not Acceptable)  
 120 6TH ST. S.  
 City **ST PETERSBURG** FL Zip Code **33701**

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]*

**JACK B. WELDON**

4/20/01

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	<input type="checkbox"/> Delete
NAME	DOWLING, DEBORAH	
STREET ADDRESS	2232 BREVARD RD, NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAYNOR, KAREN E	
STREET ADDRESS	4684 YARMOUTH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELDON, JACK B	
STREET ADDRESS	2232 BREVARD RD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK B. WELDON	
STREET ADDRESS	2232 BREVARD RD NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **JACK B WELDON**

Date

Daytime Phone #

4/20/01 727 622-3144

CR2E034 (10/00)