FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am & Secretary of State P00000074978 DOCUMENT # 1. Entity Name 04-29-2002 90123 018 ***150 FINE ART & ACCENTS, INC. Mailing Address Principal Place of Business 120 6TH ST. SOUTH 120 6TH ST. SOUTH ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3666455 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELDON, JACK B Street Address (P.O. Box Number is Not Acceptable) 120 6TH ST. SOUTH ST PETERSBURG FL 33701 Zip Code City FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Roger E. Green 4425 Zud Ave N. 5T. Puters Burg, Fl 33713 CR2E034 (9/01 ☐ Change TITLE TITLE Delete DOWLING, DEBORAH NAME NAME 2232 BREVARD RD, NE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete NAME NAME GAYNOR, KAREN E STREET ADDRESS STREET ADDRESS 4684 YARMOUTH AVE S CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33711 ☐ Change Addition. Delete_ TITLE. TITLE NAME NAME WELDON, JACK B STREET ADDRESS STREET ADDRESS 2232 BREVARD RD NE CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33704 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

SIGNA SIGNATURE:

JACK B. Weldon Aprillo, 2002 727-822-3144

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