

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000078288**

1. Entity Name

ART-APPRECIATION, INC.

Principal Place of Business

**2520 ROCKY POINT DR
MALABAR FL 32980**

Mailing Address

**2520 ROCKY POINT DR
MALABAR FL 32980**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**COLEMAN, CHRISTOPHER J
1329 BEDFORD DR, STE 1
MELBOURNE FL 32940**

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 | CHAIRMAN | <input type="checkbox"/> Delete |
| NAME | NIRM MAHONEY | |
| STREET ADDRESS | 9602 E CHULLA | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85260 | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | BOARD | <input type="checkbox"/> Delete |
| NAME | BRIAN MAHONEY | |
| STREET ADDRESS | 306 S ROCHESTER | |
| CITY-ST-ZIP | GILBERT AZ. 85296 | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | COO | <input type="checkbox"/> Delete |
| NAME | PETER MENKE | |
| STREET ADDRESS | PO BOX 37 | |
| CITY-ST-ZIP | ARCHAMUN. OH 45304 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | V.P. SALES | <input type="checkbox"/> Delete |
| NAME | TONY LAMB | |
| STREET ADDRESS | 3211 MARIA A | |
| CITY-ST-ZIP | LEXINGTON KY. 40516 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | V.P. ART | <input type="checkbox"/> Delete |
| NAME | BRUCE QUARANTILLO | |
| STREET ADDRESS | 8671 S.W. DAKOTA | |
| CITY-ST-ZIP | PORT TUALATIN. OR 97062 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | BOARD | <input type="checkbox"/> Delete |
| NAME | BOB NOTTE | |
| STREET ADDRESS | 9990 E CACTUS | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85266 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---|
| TITLE | V.P. LT. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEVIN JELLERSON | |
| STREET ADDRESS | 8416, PRESCOTT CIR | |
| CITY-ST-ZIP | FRISCO. TX 75034 | |

| | | |
|----------------|------------------|---|
| TITLE | BOARD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE JAMES | |
| STREET ADDRESS | 2520 ROCKY POINT | |
| CITY-ST-ZIP | MALABAR FL 32950 | |

| | | |
|----------------|--|---|
| 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 | | |

| | | |
|----------------|--|---|
| 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

FILED**01 JUL 12 PM 1:42****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-367-2075

Applied For

Not Applicable

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

CR2E034 (10/00)

7/10/01**321****956-9660**



Art-Appreciation.com

WORLD'S FINEST LIVING ARTISTS

YOB

July 10, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir, Dear Madam:

Enclosed is the signed copy of the report we previously sent. Unfortunately, we have moved from the address at 2520 Rocky Point in Malabar, FL, 32950 in March and the mail was not forwarded to us until after it was due.

This is our first year in business, so we were not aware of the very large penalty.

As you will note, the 2nd zip code you used is also an incorrect code and previously mail may have been returned by the post-office who informed us they do not forward government mail, a fact we did not know.

There is a request to reconsider or wave the \$400.00 penalty, as we were unaware of these consequences.

Included is the post-office sticker that was used to forward this letter to our new address, which is 819 East Strawbridge Ave, #3 Melbourne, FL, 32901

Sorry for this misunderstanding.

Sincerely,


George James
CEO of Art-Appreciation

Enclosed: 2001 Uniform Business Report (UBR)

819, East Strawbridge Av #3, Melbourne, Florida, 32901

(321) 956 9660



303

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 2001

Carol

ART-APPRECIATION, INC.
2520 ROCKY POINT DR
MALABAR, FL 32988

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Subject: ART-APPRECIATION, INC.

Reference Number: ~~P00000078288~~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ARTAS20 329503012 1401 09 07/06/01
NOTIFY SENDER OF NEW ADDRESS
ART APPRECIATION
819 E STRAWBRIDGE AVE STE 3
MELBOURNE FL 32901-4768

/sb

ANNUAL REPORTS SECTION



Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314