

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90276 018 \*\*\*150.00

**DOCUMENT # P00000078288**

1. Entity Name

**ART-APPRECIATION, INC.**

Principal Place of Business

Mailing Address

**2520 ROCKY POINT DR  
MALABAR FL 32980**

**2520 ROCKY POINT DR  
MALABAR FL 32980**

00078288



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3672075**

Applied For

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

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

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, 2002 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 **C** ☐ Delete  
NAME **MAHONEY, NORM**  
STREET ADDRESS **9602 E. CHULLA**  
CITY-ST-ZIP **SCOTSDALE AZ 85260**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **CRAIG FLEMING**  
STREET ADDRESS **691 REGAS DR 6704, ROSE HUNT CT**  
CITY-ST-ZIP **ORLANDO FL. 32835**

TITLE **B** ☐ Delete  
NAME **MAHONEY, BRIAN**  
STREET ADDRESS **306 S. ROCHESTER**  
CITY-ST-ZIP **GUBERT AZ 85296**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **VERA HYATT**  
STREET ADDRESS **1577. BREESE ST. N.E**  
CITY-ST-ZIP **PAHAY BAY FL. 32905**

TITLE **COO** ☐ Delete  
NAME **MENKE, PETER**  
STREET ADDRESS **P.O. BOX 37**  
CITY-ST-ZIP **ARCANUM OH 45304**

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

TITLE **VP** ☐ Delete  
NAME **LAMB, TOM**  
STREET ADDRESS **3211 MARIA AVENUE**  
CITY-ST-ZIP **LEXINGTON KY 40516**

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

TITLE **VP** ☐ Delete  
NAME **QUARANTELLO, BRUCE**  
STREET ADDRESS **8571 S.W. DAKOTA**  
CITY-ST-ZIP **PORTUALATIN OR 97062**

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

TITLE **B** ☐ Delete  
NAME **NOTTE, BONB**  
STREET ADDRESS **9990 E. CACTUS**  
CITY-ST-ZIP **SCOTSDALE AZ 85260**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02** **321-956 9660**  
Date Daytime Phone #

CR2E034 (9/01)