

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

06-06-2002 90084 009 \*\*\*158.75

**DOCUMENT # P01000065182**

1. Entity Name  
**FLORIDA ARTIST MAGAZINE, INC.**

Principal Place of Business

295 GRANADA RD  
W PALM BCH FL 33401

Mailing Address

295 GRANADA RD  
W PALM BCH FL 33401

2. Principal Place of Business

1500 N. FLORIDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Mango ROAD

City & State

WEST PALM BEACH

City & State

FL

Zip

33409

Country

US

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, PETER W  
295 GRANADA RD  
W PALM BCH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Peter Woods Scott  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PETER W SCOTT, PRESIDENT 7/15/02  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>PETER WOODS SCOTT</b> <b>1500 N. FLORIDA MANGO RD</b> <b>#4 WEST PALM BEACH, FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Peter Woods Scott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT PRESIDENT 7/15/02  
Date Daytime Phone #

CR2E034 (4/02)

attachment

97053  
P01000065182



Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500  
July 15, 2002

Dear Sir or Madam:

I filed my uniform business report for Florida Artist Magazine, document number P01000065182 and have received the cancelled check with my bank statement.

Apparently I made an error while filling out the form and the report was not processed. However, I did not receive notification of the mistake. Please process the new form and apply the payment that you have already received.

I apologize for any inconvenience and thank you very much for your help.

Sincerely,

*Peter Woods Scott*

Peter Woods Scott  
President; Florida Artist Magazine, Inc.

RENAISSANCE ART EDITIONS

1500 North Florida Mango Road, Suite 4  
West Palm Beach, Florida 33409

Phone: (561) 684-9442 Fax: (561) 684-1501 Voice Mail: (561) 681-1553