

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0136839 AT

DOCUMENT # P01000082156

1. Entity Name
C.I.A. ARTIST MANAGEMENT, INC



FILED

03 OCT 29 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 1236
HAINES CITY FL 33845

Mailing Address
P.O. BOX 1236
HAINES CITY FL 33845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 59-3739607

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

PEARCE, PATTY
150 CR 546
LAKE HAMILTON FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, KIMBERLY P.O. BOX 1236 HAINES CITY FL 33845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, CHAD P.O. BOX 1236 HAINES CITY FL 33845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, SHELBY P.O. BOX 1236 HAINES CITY FL 33845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, WARREN P.O. BOX 1236 HAINES CITY FL 33845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, PATTY P.O. BOX 1236 HAINES CITY FL 33845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, KEVIN P.O. BOX 865 HAINES CITY FL 33844	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100024262441 10/29/03--01077--016 ***400.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100024262441 10/29/03--01077--017 ***158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 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

Date

Daytime Phone #

9/18/03

863-412-1743

CR2E034 (4/03)