

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

8/9/20

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-09-2005 90003 018 ***150.00

DOCUMENT # P01000096552

1. Entity Name

LEFT BANK ARTS, INC.

Principal Place of Business

**269 US HWY ONE
TEQUESTA FL 33469**

Mailing Address

**269 US HWY ONE
TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **65-1141829**Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHURGIN, LESLIE
269 US HWY ONE
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name **KEVIN SEARLY**

Street Address (P.O. Box Number is Not Acceptable)

2025 BROWARD AVE #2**WEST PALM BEACH, FL 33407**

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of certifying 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

(NOTE: Registered Agent signature required when necessary)

8-2-05

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	SHURGIN, LESLIE	269 US HWY ONE	TEQUESTA FL 33469

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<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			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	KEVIN SEARLY	2025 BROWARD AVE #2	WEST PALM BEACH, FL 33407

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			

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			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<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)(a), 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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-05 (561) 575-1400

Date

Deputy Phone #



ATTACHMENT

66026467

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 10, 2005

LEFT BANK ARTS, INC.
269 US HWY ONE
TEQUESTA, FL 33469

Subject: LEFT BANK ARTS, INC.

Reference Number: P01000096552

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 only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

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

* Please see attached, a late charge of \$400 is not applicable. I did NOT receive prior notice



ATTACHMENT
4603667
Division of Corporations

Annual Report

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Document Number

P01000096552

Business Entity Name

LEFT BANK ARTS, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

651141829

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address 269 US HWY ONE
Suite, Apt. #, etc.
City, State TEQUESTA, FL
Zip Code & Country 33469

Mailing Address

Address 269 US HWY ONE
Suite, Apt. #, etc.
City, State TEQUESTA, FL
Zip Code & Country 33469

Name and Address of Registered Agent

Name (Last, First, Middle, Title) Sealy, Kevin, ,

- OR -

Business to serve as RA

ATTACHMENT

06074467

#00100009655

Address (PO Box is not acceptable) 269 US HWY ONE

Suite, Apt. #, etc.

City, State

TEQUESTA, FL

Zip Code & Country

33469 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Kevin Sealy

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

Sealy

Kevin

- OR -

Entity Name to serve as Officer/Director

Street Address

2025 Broward Ave. #2

City, State

West Palm Beach

FL

Zip Code & Country

33407

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Zip Code & Country

ATTACHMENT
(06026847)
#P 01000 09655-2

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature Kevin Sealy

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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