7 7 03 727.515-3571

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000105425 1. Entity Name ART FOR CHARITY, INCORPORATED					FILED 03 AUG 15 AM 8: 33		
Principal Plac 64 NEW YORK DUNEDIN FL	(AVE	Mailing Address 64 NEW YORK AVE DUNEDIN FL 34698		SECRETARY OF STATE FALLAHASSEE. FLORIDA			
Principal Place of Business Address Mailing Address						00:01 BIII 0/8/8 i	 10 1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State		4. FEI Number 59-3754582	\ 	pplied For ot Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MELURA, TERRY McCLURG, TERRY 64 NEW YORK AVE.				Street Address (P.O. Box Number is Not Acceptable)			
DUNEDIN FL 34698			C	City	FL	Zip Code	э
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 TERRY MCCLURG THE BOUNDARY TO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered gent 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. [O May Be I to Fees
10.	OFFICERS AND (11.		ADDITIONS/CHANGES TO OFFICERS AN		3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIVETON, CARRIE 1100 CLEVELAND ST STE 915 CLEARWATER FL 33755	□ Delete	NAME STREET AC	DORESS GY	CLURG, PENNY NEW YORK AUE NEDIN, FL 34698	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLURG, PENNY 64 NEW YORK AVE DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET AC CITY-ST-2	DDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2		3000223435 08/15/0301025003	□ Change (局: 글: **550, ()	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	4		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	1		☐ Change	Addition
indicated of the cor	on this report or supplemental report is t	rue and accurate and that my vered to execute this report as	signature.	shall have the s	ction 119.07(3)(i), Florida Statutes. I further ce ame legal effect as if made under oath; that I . Florida Statutes; and that my name appears i	am an officer i	or director