

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90974 015 ***150.00

DOCUMENT # P01000115755

1. Entity Name
THE CANVAS SHOP OF NORTH FLORIDA, INC.



Principal Place of Business
**14603 BEACH BLVD
JACKSONVILLE FL 32250**

Mailing Address
**14603 BEACH BLVD
JACKSONVILLE FL 32250**

2. Principal Place of Business
14603 Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address
14603 Beach Blvd
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
JAX FL

4. FEI Number **59-3760412**

Applied For
Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLADE, JEFF H
14603 BEACH BLVD
JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name
Street
City
State
Zip
Co

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and it hereby accepts the obligations of registered agent.

SIGNATURE

3-13-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	P SLADE, JEFF 3365 PALM ISLAND RD JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLADE, VICTORIA 3365 PALM ISLAND RD JACKSONVILLE FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUWANEY, ANGIE 3875 SOUTH SAN PABLO RD # 724 JACKSONVILLE FL 32224	<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 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
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03

Date

Daytime Phone #

CR2E034 (10/02)

attachment

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF OFFICER OF
THE CANVAS SHOP OF NORTH FLORIDA, INC
(Name of Corporation)

DOCUMENT NUMBER: P01-00011-57-55

The enclosed Officer-Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Slade

(Name of Person)

The Canvas Shop of North Florida Inc

(Name of Firm/Company)

14603 Beach Blvd

(Address)

Jacksonville FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Slade

(Name of Person)

at (904) 821-0992

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attachment

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

✓ Victoria Slade, hereby resign as Secretary
(Title)

of The Canvas Shop of North Florida, Inc.
(Name of Corporation)

901000115755, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Victoria Slade
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314