FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90242 014 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049513

1. Entity Name
ART MASTERS, INC.

11017087

Principal Place of Business	Mailing Address
141 SCARLET BLVD. SUITE A OLDSMAR, FL 34677	141 SCARLET BLVD. SUITE A OLDSMAR, FL 34677

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
141 Scarlet Blvd	141 Scarlet Blvd
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Oldsmar FL	City & State: Oldsmar FL
Zip: 34677 Country: Pinellas	Zip: 34677 Country: Pinellas

4. FEI Number: 731640125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDER, JANICE S
601 TANGERINE DR.
OLDSMAR, FL 34677

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RIDER, JANICE S	
STREET ADDRESS	141 SCARLET BLVD., SUITE A	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Janice Rider Janice Rider 4-11-03 813-925-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #