

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90222 045 ***150.00

DOCUMENT # P02000116069

1. Entity Name
ECLIPSE ARTWORKS, INC.



Principal Place of Business
**PO BOX 1414
INTERLACHEN FL 32148**

Mailing Address
**PO BOX 1414
INTERLACHEN FL 32148**

2. Principal Place of Business
125-B King St.

3. Mailing Address
125-B King St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine FL

City & State
St. Augustine, FL

4. FEI Number
01-0751576

Applied For
Not Applicable

Zip
32084

Country
USA

Zip
32084

Country
USA

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

**LEON, LISA M
LEON LAW OFFICE, P.A.
5095 US 1 SOUTH
ST AUGUSTINE FL 32086**

Name
W.H. O'Connell, CPA
Street Address (P.O. Box Number is Not Acceptable)
2200 N. Ponce De Leon Blvd.
Suite 10
City
St. Augustine **FL** Zip Code
32084

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SINCLAIR, MONIQUE B
PO BOX 1414
INTERLACHEN FL 32148** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

V.P.

4-24-03

904 808-8492

Date

Daytime Phone #

CR2E034 (10/02)