

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 025 ***150.00

0445886 AV

DOCUMENT # P02000118303

1. Entity Name
ART STUDIO 34, INC.



Principal Place of Business
3402 COUNTRY WOODS CT.
LUTZ FL 33559

Mailing Address
3402 COUNTRY WOODS CT.
LUTZ FL 33559



2. Principal Place of Business
27001 U.S. HWY 19 N - Suite 2034
Suite, Apt. #, etc.

3. Mailing Address
3402 Country Woods Ct.
Suite, Apt. #, etc.
Lutz - FL.
City & State

☐ CHECK HERE IF MAKING CHANGES

City & State
Clearwater - FL

4. FEI Number
030491047

Applied For
☐ Not Applicable

Zip
33761

Country
U.S.A.

Zip
33559

Country
U.S.A.

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

REY, ESTER
3402 COUNTRY WOODS CT.
LUTZ FL 33559

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D REY, ESTER
STREET ADDRESS 3402 COUNTRY WOODS CT.
CITY-ST-ZIP LUTZ FL 33559

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4/2/03 (727) 723-7551
Date Daytime Phone #

CR2E034 (10/02)