

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90063 003 ***150.00

DOCUMENT # P03000053315

1. Entity Name

ART BY LYTHA AND SALLY, INC.



Principal Place of Business

5387 SHEARWATER DRIVE
SANIBEL FL 33957

Mailing Address

5387 SHEARWATER DRIVE
SANIBEL FL 33957

2. Principal Place of Business

5387 Shearwater Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanibel, FL

City & State

4. FEI Number

54 2117 094

Applied For

Not Applicable

Zip

33957

Country

U.S.A

Zip

33957

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URKOVICH, RONALD S ESQ
2323 WOOSTER LANE SUITE 2
SANIBEL FL 33957

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres ☐ Change ☒ Addition
NAME LYTHA N WESTON
STREET ADDRESS 5387 Shearwater Dr
CITY-ST-ZIP Sanibel, FL 33957
DOT A change
DOT NOT
LISTED in #10

TITLE SD ☐ Change ☒ Addition
NAME Sally Hansen
STREET ADDRESS 1517 Sandcastle
CITY-ST-ZIP Sanibel, FL 33957

TITLE SW ☐ Change ☐ Addition
NAME Lytha Weston
STREET ADDRESS Same
CITY-ST-ZIP

TITLE Tr. ☐ Change ☐ Addition
NAME Lytha Weston
STREET ADDRESS Same
CITY-ST-ZIP

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

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:

Lytha N. Weston

LYTHA N. WESTON

4/1/04

239
470 0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #