

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/2004-90114-020-\$150.00-\$150.00

DOCUMENT # P03000095781

1. Entity Name

BROWNSTONE ART, INC.



FILED

04 OCT 25 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Principal Place of Business

11221 HERON BAY BLVD.
#3716
CORAL SPRINGS FL 33076

Mailing Address

11221 HERON BAY BLVD.
#3716
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

510485980

Applied For

Not Applicable

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

RYAN & RYAN ATTORNEYS, P.A.
11891 U.S. HIGHWAY ONE
SUITE 201
NORTH PALM BEACH FL 33408

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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
NEEDLEMAN, LESLEY
11221 HERON BAY BLVD. #3716
CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04

Date

561-719-8440

Daytime Phone #

Please be advised I did not receive prior
notice. I spoke to you and you said
to send in 150. And letter that we did not
receive notice. This is the 3rd time it is
coming back? Please
advise

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314