

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90744 037 ***150.00

DOCUMENT # *P03000104987*

1. Entity Name

FOR ARTS SAKE OF TAMPA BAY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4505 131ST AVENUE N.

3. Mailing Address

Suite, Apt. #, etc.

UNIT 17

SAME

City & State

CLEARWATER FL.

City & State

4. FEI Number

20-0263257

Applied For

Not Applicable

Zip

33762

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOSEPH A. HITCH

Street Address (P.O. Box Number is Not Acceptable)

510 VIRGINIA LANE

City

CLEARWATER FL.

FL

Zip Code

33764

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P-D

JAMES J. DEMETRIUS

510 VIRGINIA LANE

CLEARWATER FL. 33764

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP-D

JOSEPH A. HITCH

510 VIRGINIA LANE

CLEARWATER FL. 33764

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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 on an attachment with an address, with all other life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. DEMETRIUS

PRESIDENT

Date

4/28/04 (727) 744-3377

Daytime Phone #

CR2E034B (12/02)