

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90130 028 ***150.00

DOCUMENT # **P92000014587**

1. Entity Name
REICO ART, INC.



Principal Place of Business
**3030 PINEVIEW DR
HOLIDAY FL 34691-9726
US**

Mailing Address
**PO BOX 3064
HOLIDAY FL 34690-0064
US**

2. Principal Place of Business
5534 HAINES ROAD

3. Mailing Address
5534 HAINES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



X CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number **59-3157816**

Applied For
Not Applicable

Zip Country
33714 PINELLAS

Zip Country
33714 PINELLAS

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

**INGEBRETSON, ROY E
3030 PINEVIEW DR
HOLIDAY FL 34691**

Name **NINA I. BANG**
Street Address (P.O. Box Number is Not Acceptable)
5534 HAINES ROAD
City **ST. PETERSBURG** FL **33714**

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 **Nina I. Bang, NINA I. BANG PRESIDENT**

4/14/02

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 **P** ☒ Delete
NAME **INGEBRETSON, ROY E**
STREET ADDRESS **3030 PINEVIEW DR**
CITY-ST-ZIP **HOLIDAY FL**

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

TITLE **S** ☐ Delete
NAME **INGEBRETSON, RANDI**
STREET ADDRESS **3030 PINEVIEW DR**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4900 BRITTANY DR. S. #604**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P/T/D**
STREET ADDRESS **NINA I. BANG**
CITY-ST-ZIP **5534 HAINES ROAD**
ST. PETERSBURG FL 33714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V/D**
STREET ADDRESS **ODD R. BANG**
CITY-ST-ZIP **112 5TH ST. E.**
TIERRA VERDE, FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Nina I. Bang, NINA I. BANG**

4/14/03

727-521-9661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)