2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR DE

FILED DOCUMENT # **P93000033674** Apr 12, 2000 8:00 am Secretary of State ARTT LEADER INC. 04-12-2000 90088 001 ***300.00 Mailing Address Principal Place of Business 4542 E BUSINESS HWY 98 4542 E BUSINESS HWY 98 PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address 211 n MARY EllA AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Applied For City & State City & State 4. FEI Number 59-3182532 Not Applicable ANAMA \$8.75 Additional 5. Certificate of Status Desired Fee Required 32404 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLAIR, JOEY W** Street Address (P.O. Box Number is Not Acceptable) 219 N MARY ELLA AVE PANAMA CITY FL 32404 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete NAME BLAIR, JOEY W. NAME STREET ADDRESS STREET ADDRESS 219 NORTH MARY ELLA AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytima Phone #